



Department of Consumer & Business Services

Insurance Division — 3

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insurance.oregon.gov

**Address/Name
Change Form**

To ensure accurate processing, please complete all blanks.

Residence address change

Business address change

Name change

Date

Social Security number or license number

Name of license holder

New name

Residence address:

Street address

City, state, ZIP

Mailing or P.O. box address

City, state, ZIP

()

Phone

Personal e-mail address

Business address:

Business name

Street address

City, state, ZIP

Mailing or P.O. box address

City, state, ZIP

()

Phone

Business e-mail address

Signature of license holder



INSTRUCTIONS

1. This form may be copied as needed.
2. Notification of an “agency” address change does not change the address on the licenses of the individual affiliates. Each producer is required to file his or her own address change.
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