



## Name Change Form

### 1. General Instructions:

A. This form is used by Georgia licensees and agencies to request a name change.

B. Complete this form and mail with payment and required supporting documentation to:

**Regular Mail:**

Georgia Dept. of Insurance  
Agents Licensing Division  
PO Box 935132  
Atlanta, GA 31193-5132

**Overnight Check Payment:**

Wells Fargo Bank, NA  
Georgia Department of Insurance,  
Agents Licensing Division  
Lockbox 935132  
3585 Atlanta Ave  
Hapeville, GA 30354

C. Any name change will affect all licenses you hold and \$25 License Amendment Fee per license and \$5 Processing Fee per form apply.

A Name Approval from the Georgia Department of Insurance is required when the following terms appear in the agency name:  
Assurance, Annuity, Benefit, Discount, Fidelity, Guaranty, Health, Insurance, Indemnity, Life, Medical, Manager, Pharmacy, Reciprocal, Reassurance, Reinsurance, Settlement, Syndicate, Surety, Sharing and Viatical.

### 2. License Instructions:

You must submit a copy of articles of incorporation or a new DBA filing showing the requested name change with this completed form.

Enter your complete name as it appears on your Georgia Insurance License.

**Agency:**

<b>Name</b>		
<b>New Legal Name</b>		
<b>New DBA Name (if applicable)</b>		
<b>License Number</b>	<b>National Producer Number</b>	<b>EIN</b>

Principal Agency	
Branch Agency	
Retail Vendors of Portable Electronics	
Self Storage Provider	
Rental Company	

**SIGNATURE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**(\$25 \* \_\_\_\_\_ = \_\_\_\_\_ ) + \$5 processing fee = \$ \_\_\_\_\_ Total Amount Due**

No. of Licenses

**Individual Licensee:**

You must submit documentation to support the requested name change. Documentation includes one of the following: current driver's license, marriage license, divorce decree, court order, social security card or passport.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Suffix (Jr., Sr.)</b>
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<b>New Legal Last Name</b>	<b>New Legal First Name</b>	<b>Middle Initial</b>	<b>Suffix (Jr., Sr.)</b>
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<b>New Legal Name</b>
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<b>New DBA Name (if applicable)</b>
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<b>License Number</b>	<b>National Producer Number</b>
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<b>Individual</b>	
Agent	
Temporary Agent	
Limited Sub-Agent	
Surplus Lines Broker	
Counselor	
Limited Health Counselor	
Navigator	
Foreign Military	
Temporary Hardship	
Fraternal Agent	
<b>Adjuster (Individual)</b>	
Adjuster	
Crop/Hail Adjuster	
Public Adjuster	
Work Comp Adjuster	

**(\$25 \* \_\_\_\_\_ ) + \$5 = \_\_\_\_\_ Total Amount Due**  
No. of Licenses

**SIGNATURE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_