State of California
Department of Insurance

Email: <a href="mailto:CDIBENA@insurance.ca.gov">CDIBENA@insurance.ca.gov</a>

Fax: (916) 327-6907

Mail: Department of Insurance 300 Capitol Mall, 16th Floor Sacramento CA, 95814-4313

Form used for change of business entity disclosure. Note:

Do not leave any blank lines, mark as "none" or "N/A

**Business Entity Disclosure** 

Corporate/Limited Liability Company Disclosure

| Corporate/Limited Liability Company Disclosure |                               |                   |             |  |  |  |  |
|--|-------------------------------|-------------------|-------------|--|--|--|--|
| Last Name, First Name, Middle                  | Resident Address              | Social Security # | % Ownership |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  |                               |                   |             |  |  |  |  |
|  | Last Name, First Name, Middle |                   |             |  |  |  |  |

List those stockholders that own 10% or more of the corporation stock (attach a separate sheet if more space is needed)

**Partnership Disclosure** 

| i di dicionip biociosare                     |                               |                       |                                  |  |      |  |  |
|--|-------------------------------|-----------------------|----------------------------------|--|------|--|--|
| Partner                                      |                               |                       |                                  |  |      |  |  |
| Partner                                      |                               |                       |                                  |  |      |  |  |
| Partner                                      |                               |                       |                                  |  |      |  |  |
| Organization Name _<br>Organization FEIN # _ | If new or change in partner p | lease complete Form L | IC 421-4 Copartnership - Applica | tion for Registration, located on our web sit Organization Licer |      |  |  |
| (PRINT) AUTHORIZING OFFICE                   | ER, MANAGER, MEMBER, OR PA    | ARTNER'S NAME         | (SIGNATURE)                      | TITLE  | DATE |  |  |