

State of California Department of Insurance
 Form used for change of business entity disclosure.
 Note: Do not leave any blank lines, mark as "none" or "N/A"

Email: CDIBENA@insurance.ca.gov
 Fax: (916) 327-6907
 Mail: Department of Insurance
 320 Capitol Mall, Sacramento CA, 95814

**Business Entity Disclosure
 Corporate/Limited Liability Company Disclosure**

	Last Name, First Name, Middle	Resident Address	Social Security #	% Ownership
President				
Chief Executive Officer				
Chairman of the Board				
Vice President				
Vice President				
Chief Financial Officer				
Chief Operating Officer				
Secretary				
Treasurer				
Director				
Director				
Member				
Member				
Manager				
Manager				
Stockholder				
Stockholder				
Stockholder				

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

Partnership Disclosure

Partner				
Partner				
Partner				

If new or change in partner please complete Form LIC 421-4 Copartnership - Application for Registration, located on our web site.

Organization Name _____
 Organization FEIN # _____

Organization License # _____

 (PRINT) AUTHORIZING OFFICER, MANAGER, MEMBER, OR PARTNER'S NAME (SIGNATURE) TITLE DATE