Corporate/ Limited Liability Company Disclosure

	Last Name, First Name, Middle	Resident Address	SSN	% ownership
President				
Chief Executive Officer				
Chairman of the Board				
Vice President				
Vice President				
Chief Financial Officer				
Chief Operating Officer				
Secretary				
Treasurer				
Director				
Director				
Managing Member				
Managing Member				
Manager				
Manager				
Stockholder				
Stockholder				

List those stockholders that own 10% or more of the corporation stock(attach separate sheet if necessary)

Partnership Disclosure

Partner				
Partner				
Partner				

If new or change in partner please complete Form LIC 421-4 Copartnership - Application for Registration,downloadable from www.insurance.ca.gov

Organization Name _____

Organization FEIN _____ Organization License # _____

_____

Authorizing Officer, Manager, Member or Partners Signature(s) Title Date

Mail to: CA Department of Insurance
320 Capitol Mall
Sacramento CA 95814

Fax to:
CA Department of Insurance
916-327-6907

Email to:
cdibena@insurance.ca.gov