

DEPARTMENT OF INSURANCE

ADMINISTRATION & LICENSING SERVICES BRANCH
 PRODUCER LICENSING BUREAU
 320 CAPITOL MALL
 SACRAMENTO, CA 95814
 (916) 492-3035
 (916) 327-6907 (FAX)
www.insurance.ca.gov
 LIC 437-25 (Rev 0; /37)



BAIL AGENT CORPORATE DISCLOSURE

Name of corporation: _____ License #: _____

Federal Employer Identification Number (FEIN): _____

THE ABOVE-NAMED CORPORATE BAIL AGENT HEREBY:

Requests the Insurance Commissioners approval to buy/sell/transfer stock in the corporation.
(Pursuant to California Insurance Code, 1810, any sale or transfer of stock or other interest in the corporation requires the prior approval of the department.)

List officers, directors, and shareholders in the below chart as they will exist following approval of this request.

Notifies the Insurance Commissioner of a change in its officers and/or directors.

List all officers, directors, and shareholders in the below chart as of the date of the change, put none if needed, do not leave any blanks.

--All stockholders, officers and directors must be licensed bail agents--

	Name (Last, First, Middle)	License number	Social Sec #	% of ownership	Effective date of change (if applicable)
President					
Vice-President					
Secretary					
Treasurer					
Director					
Director					
Stockholder					
Stockholder					

(Attach separate sheet if necessary)

SUBMITTED BY: Print Name _____

Signature _____ *Title _____ Date _____

* Signature must be that of a corporate officer.

Address _____ (_____) _____
 Street City State Zip code (Business phone)

For Department use only: Approved by: _____ Date: _____