MINNESOTA DEPARTMENT OF COMMERCE
85 – 7th PLACE EAST, SUITE 500
ST. PAUL, MN 55101
651-539-1599

NOTIFICATION OF CHANGE IN

OWNER, PARTNER, OFFICER, OR DIRECTOR

FOR BUSINESS ENTITY INSURANCE LICENSEE

Agency Name _____

Agency License Number _____

Identify all owners with 10% interest or voting interest, partners, officers, and directors of the business entity, or members or managers of a limited liability company.

Name/ Date of Birth	Title	SSN/FEIN	Owner?	Percentage of Ownership Interest
D.O.B.:			☐ Yes ☐ No	
D.O.B.:			☐ Yes ☐ No	
D.O.B.:			☐ Yes ☐ No	
D.O.B.:			☐ Yes ☐ No	
D.O.B.:			☐ Yes ☐ No	
D.O.B.:			☐ Yes ☐ No	
D.O.B.:			☐ Yes ☐ No	

CERTIFICATION: I certify that all of the information above is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Commerce.

_____ _____ _____

Signature of Owner/Officer/Partner Title Date