

85 – 7th PLACE EAST, SUITE 280
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 _____

ADD

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.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

REMOVE

Name/ Date of Birth	Title
D.O.B.:	
D.O.B.:	

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