



Underlined are required fields.

① <u>Business Entity Name</u>				
② Incorporation/Formation Date:	③ <u>FEIN</u>	④ OH License #	⑤ <u>NPN</u>	
⑥ Alias/Trade Name (if applicable)			⑦ <u>State of Domicile</u>	⑧ <u>County</u>
⑨ <u>Business Address</u>		⑩ <u>City</u>	⑪ <u>State</u>	⑫ <u>Zip</u>
⑬ <u>Phone Number</u>	⑭ <u>Fax Number</u>	⑮ <u>Business Web Site Address</u>	⑯ <u>Business E-Mail Address</u>	
⑰ <u>Mailing Address</u>		⑱ <u>P.O. Box</u>	⑲ <u>City</u>	⑳ <u>State</u> ㉑ <u>Zip</u>

Indicate type of change you are seeking (Check ALL that apply)

㉒

☐ Address Change: ☐ Business ☐ Mailing

☐ Phone Number Change

☐ Email Address Change

☐ Amend - Business Entity Name: New Business Entity Name: _____

☐ Add - Alias/Trade Name: New Alias/Trade Name: _____

☐ Remove - Alias/Trade Name: Alias/Trade Name Removing: _____

☐ Add/Delete Licensed Producers, Members, Owners, Partners, Officers, Licensing Coordinator and Directors

(As noted in section #23 and/or #24)

Licensed Producers

㉓ List only additions or deletions:

Name:	Title:	NPN*	Please indicate in box if adding or deleting:		Effective Date
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____

* NPN= National Producer Number (Look-up NPN: <https://www.nipr.com/PacNpnSearch.htm>)

Members, Owners, Partners, Officers and Directors

㉔ Identify changes for members, owners, partners, officers and directors of the business entity:

Name:	Title:	Identifying #	Please indicate in box if adding or deleting:		Effective Date
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____
_____	_____	_____	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	_____

Identifying Numbers are: NPN- Only if Licensed; complete SSN – Only if Not-Licensed; FEIN – For Business Entities

Title Business Entities Only**25 Please read the following very carefully and answer each question:**

1. Is any new member, producer, owner, shareholder, manager, partner, officer or director currently engaged in deriving income from or affiliated with (other than as a customer) any business or profession other than insurance? (i.e. banking, auto dealer, mortgage company) ☐ Yes ☐ No
2. Has any member, producer, owner, shareholder, manager, partner, officer or director become engaged in deriving income from or affiliated with (other than as a customer) any business or profession other than insurance since the filing of the previous CN-65 or the original application? ☐ Yes ☐ No
3. If the answer to questions #1 or #2 is yes, identify the business or profession and the nature of the person's involvement.

Applicants Certification and Attestation**26 The undersigned member, owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:**

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject the business entity and me to civil or criminal penalties.
2. Submit completed forms to **Ohio Department of Insurance, Corporate License Section, 50 W. Town St., 3rd Fl., Suite 300, Columbus, Ohio 43215.**

Please Note:

Please contact the Department of Insurance at (614) 644-2665 for instructions for the following types of changes:

- Residency (Home State) change;
- Tax ID number change;
- Surrender of license;
- Merger of Agencies;
- Affiliation changes of 50 or more licensed producers;
- Any other changes to Agency not listed on form.

Signatures**27 MUST be signed by an officer, director, principal or partner of the business entity:**

Signature

Date

Name (Typed or Printed)

Telephone Number

Title

Email Address