Department of Business and Industry

Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 **Phone:** (775) 687-0700 **Fax:** (775) 687-0787 **Web:** doi.nv.gov

**Business Entity Name Change Form**

It is the licensee’s responsibility to file any name change with the Nevada Division of Insurance (Division) and the [Nevada Secretary of State’s Office](https://www.nvsos.gov/sos/businesses) at (775) 684-5708. Licensees with questions regarding name changes, mergers, or dissolutions may contact the Division’s Licensing Section at Nevada.Licensing@doi.nv.gov.

**NOTE:** Name changes that result in a new FEIN require the entity to reapply for licensure under the new FEIN.

* Nevada resident business entities must provide a filed and **approved** copy of the Certificate of Amendment to the Articles of Incorporation as filed with the Nevada Secretary of State.
* Non-resident business entities must provide a letter of certification from the entity’s home state insurance regulatory authority, a copy of the entity’s current license, or license verification printout from the National Insurance Producer Database.
* Entities that are required to maintain a surety bond for licensure must submit a surety bond rider from the surety company which includes the name change.

**(Please print or type)**

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| --- | --- |
| Business Entity’s Previous Name | FEIN  |

|  |  |  |
| --- | --- | --- |
|  New Business Entity Name31  |  Incorporation/Formation Date2(mm/dd/yyyy)  |  FEIN  |
|  DBA (Provide Nevada County Clerk Filing if required by county)64 |  State of Domicile5 |  Country of Domicile |
|  If applicable, NASD Firm Central Registration Depository (CRD) Number |  Is the business entity affiliated with a financial institution/bank?8(Yes or No) |
|  Business Address711129 |  City10 |  State |  Zip |
|  Phone Number13 |  Fax Number14 |  Business Web Site Address15 |  Business E-mail Address16 |
|  Mailing Address 21201817 |  P.O. Box |  City19 |  State |  Zip |
|  22**Must be signed by an officer, director, principal or partner of the business entity:** **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Return completed form to Nevada.Licensing@doi.nv.gov.