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](mailto: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 Name 3  1 | | | | | Incorporation/Formation Date  2  (mm/dd/yyyy) | | | | FEIN | |
| DBA (Provide Nevada County Clerk Filing if required by county)  6  4 | | | | | State of Domicile  5 | | 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 Address  7  11  12  9 | | | | City  10 | | | | State | | Zip |
| Phone Number  13 | Fax Number 14 | | Business Web Site Address  15 | | | Business E-mail Address  16 | | | | |
| Mailing Address  21  20  18  17 | | P.O. Box | | City  19 | | | | 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](mailto:Nevada.Licensing@doi.nv.gov).