



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

## Third-Party Administrator – Name Change Form

Pursuant to SB57, notification of a name change must be submitted within 30 days of the name change.

**Directions:** Fill out each section of the form and attach the items from the list below. Email the completed document and supporting attachments to [tpamail@doi.nv.gov](mailto:tpamail@doi.nv.gov). The original bond document must be mailed to our office.

Existing/Current Entity Information			
Administrator Name on Certificate of Registration		NV Administrator Certificate of Registration Number	
DBA (Mark N/A if none used)	Trade Name (Mark N/A if none used)		
Mailing Address	City	State	Zip or Foreign Country

New/Updated Entity Information			
New Administrator Name			
FEIN	Requested Effective Date		
New DBA (Mark N/A if none used)	New Trade Name (Mark N/A if none used)		
Reason for Request and Description of Changes (Attach page, if needed.)			
Mailing Address	City	State	Zip or Foreign Country
Physical Business Address	City	State	Zip or Foreign Country

Filing Contact	
List the primary contact person with whom the Division should communicate regarding the name change.	
Name	Title
Direct Telephone Number	Email Address

## Owners, Partners, Officers & Directors

List all officers, directors, sole proprietor, or partners of the applicant. Include owners with 10% or more ownership of the applicant. An NAIC biographical affidavit, executed and dated within the last 6 months, is required for each new person listed. Attach a list if additional space is required.

Name	Title	Percentage of Ownership	
1.			%
2.			%
3.			%
4.			%
5.			%
6.			%
7.			%
8.			%
9.			%
10.			%
11.			%
12.			%
13.			%
14.			%
15.			%
16.			%

## Signature

Form must be signed by an officer, director, principal, or partner of the applicant.

<b>Signature</b>	<b>Typed or Printed Name</b>		
<b>Date Signed</b>	<b>Title</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip or Foreign Country</b>

**The following attachments are required and should be submitted with this name change form:**

1. NAIC biographical affidavits for any new individuals
2. Copy of corporate articles that amend the name of the administrator
3. Copy of the amended certificate from the Nevada Secretary of State, if applicable
4. Copy of the Nevada Secretary of State trade name certificate, if applicable
5. Copy of approval of each county's dba filings, if applicable
6. Original bond or original rider, as applicable, that changes the TPA's name on the bond. Mail to:

Division of Insurance - TPAs  
1818 E. College Pkwy., Suite 103  
Carson City, NV 89706