

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



NOTIFICATION OF CHANGES FOR BUSINESS ENTITY CN-65

Underlined are required fields.

<u>1</u> Business Entity Name		<u>2</u> Incorporation/Formation Date:	<u>3</u> FEIN	<u>4</u> OH Lic #	<u>5</u> NPN
<u>6</u> DBA/Trade Name (if applicable)		<u>7</u> State of Domicile	<u>8</u> OH SOS Registration #	<u>9</u> County	
<u>10</u> Business Address		<u>11</u> City	<u>12</u> State	<u>13</u> Zip	
<u>14</u> Phone Number () ()	<u>15</u> Fax Number () ()	<u>16</u> Business Web Site Address		<u>17</u> Business E-Mail Address	
<u>18</u> Mailing Address		<u>19</u> P.O. Box	<u>20</u> City	<u>21</u> State	<u>22</u> Zip

Indicate type of change you are seeking

23

Address Change

Business Entity Name Change Old Name _____

DBA/Trade Name Change Old Name _____

Add a DBA/Trade Name New Name _____

Licensed Producers

24 List only additions or deletions:

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

* NPN= National Producer Number (www.ohioinsurance.gov/agent/scripts/licNumQuery.asp)

Members, Owners, Partners, Officers and Directors

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

Name: _____	Title: _____	Identifying # _____	Effective Date _____	Please indicate in box if adding or deleting:
_____	_____	_____	_____	<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

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

Title Business Entities Only

26 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

27 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:

- Tax ID number change;
- Surrender of license;
- Merger of Agencies;
- Any other changes to Agency not listed on form.

Signatures

28 Must be signed by an officer, director, principal or partner of the business entity:

Name (Typed or Printed)	Date
Title	Telephone Number
	Email Address