

CHANGE OF RECORD FORM

COMPLETE ONE SECTION OF THIS FORM ONLY

SECTION #1- Adding a Trade Name to an Individual/Entity License

Check One:

Louisiana Resident Individual Producers and All Adjusters

- Your plastic license card must be returned with this completed form and \$15.00 for a new license card.
- This form must be mailed.

Louisiana Resident Business Entity Producers

- This form can be mailed or faxed to 225-342-3754.

Non-Residents Producers Only

- Non-Residents must submit a letter of certification from their home state showing the addition of the trade name.
- This form can be mailed or faxed with appropriate documentation to 225-342-3754.

I presently hold license # _____ issued in the following name: _____.
I am the sole owner of the agency listed below and wish to have my license record amended to indicate that I am authorized to use this **TRADE NAME**.

Print new Trade Name _____

Signature of Owner _____

Street Address or P.O. Box _____

City _____

State _____

Zip _____

Date _____

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Pursuant to La R.S. 22:1552, an insurance producer shall provide written notification prior to the use of or any change in trade name to the Commissioner.

SECTION #2 – Name Change for an Individual License Only

Proof of legal name change is required. A copy of your Driver's License or Social Security card is acceptable.

Check One:

Louisiana Resident Producers and All Adjusters

- Your plastic license card must be returned with this completed form and \$15.00 for a new license card.
- This form must be mailed.

Non-Residents Producers Only

- This form can be mailed or faxed with the appropriate documentation to 225-342-3754.

I presently hold license # _____ issued in the following name _____.

I have changed my name to _____.

My current address is _____.

Street Address or P.O. Box _____

City _____

State _____

Zip _____

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Signature of Individual Changing Name _____

Date _____

SECTION #3 – Name Change for an Entity

This form can be faxed to 225-342-3754.

License # _____ is currently issued in the following name: _____.

The new name of our Entity is: _____

Entity's current address: _____

Street Address or P.O. Box

City

State

Zip

Signature of Licensed Member

Printed Name of Licensed Member

License # of Member

Date

SECTION #4 – Addition and Deletion of Members/Affiliates for an Entity

- Pursuant to La R.S. 22:1546 B, every member, partner, officer, director, and employee of an entity personally engaged in soliciting or negotiating insurance must be registered with the Department of Insurance under the entity's license.
- Please complete the entire section. This form can be faxed to 225-342-3754.

Name of Entity: _____ **License #:** _____

Addition of Members – New and Active Members of the Entity

Name of Member	Position	License #	Social Security #	Designated Responsible Producer	Financial %
				Yes / No	
				Yes / No	
				Yes / No	
				Yes / No	

Deletion of Members – Members No Longer Affiliated With the Entity

Name of Member	Position	License #	Social Security #	Financial %

Signature of Licensed Member

Printed Name of Licensed Member

License # of Member

Date