



State of Kansas
Department of Insurance

Date: _____

Business Entity Name Change Application

√	#	Checklist
<input type="checkbox"/>	1	Name Change Application
<input type="checkbox"/>	2	Copy of Amended TPA Certificate with Designated Home State
<input type="checkbox"/>	3	Copy of Amendment filed with Kansas Secretary of State (applicable only to TPAs with a Kansas Home State certificate of licensure)
<input type="checkbox"/>	4	List of Officers (new officers should submit NAIC Biographical Affidavit – applicable only to TPAs with a Kansas Home State certificate of licensure)
<input type="checkbox"/>	5	Original Administrator Certificate issued by the Kansas Insurance Department

FEIN: _____

Former Business Name: _____

New Business Name: _____

Business Location Information

Address:

Phone:

Fax:

E-mail:

Toll Free:

Contact Name:

Mailing Information

Address:

Phone:

Fax:

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that 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 me and the applicant to civil or criminal penalties.

I understand that this application is for business entity name changes that do not involve a change of FEIN or a complete-filing for change in entity structure.

Signature

Date

Printed Name

Title