# dba Registration for Insurance Licensees

**Instructions:**

**Complete and sign either the individual or entity section of this form, but not both. Use a separate form for each individual or entity.**
**Attach a true copy of the dba filing that will serve as legal proof of the dba. Mail or deliver to the address below.**
**There is no fee to register or change a dba for insurance professionals or entities. DO NOT send money with this form.**
**A dba does not appear on any license, so a new license will not be produced as a result of this change.**

## Individual Licensee or Applicant

| Last Name of Licensee or Applicant | First Name | Middle Initial or Name | Suffix (Jr., Sr., I, II, etc.) |
|---|---|---|---|
| | | | |

dba *(doing business as)*

| Daytime telephone *(include area code)* | Email address | Social Security Number |
|---|---|---|
| | | |

**Certification:** I certify that this information is true, complete and correct.

| **Signature** | **Date signed** |
|---|---|
| | |

## Entity Licensee or Applicant including agency, corporation, partnership, limited liability company and sole proprietorship

| Name of Licensee or Applicant | Tax ID number *(FEIN)* |
|---|---|
| | |

dba *(doing business as)*

| Contact person name | Daytime telephone *(include area code and extension)* | Email address |
|---|---|---|
| | | |

**Certification:** I certify that this information is true, complete and correct.

| **Signature of Officer, Partner, Member (LLC) or Proprietor** | **Date signed** |
|---|---|
| | |

**Signer's name and title typed or printed**

## Completing your dba Registration

***Be certain that this form is complete, correct and signed.***
***Attach a true copy of the dba filing.***
***Mail or deliver to the Office of Financial and Insurance Services at:***

**Mailing address:** OFIS Licensing
PO Box 30220
Lansing, MI 48909-7720

**Delivery address:** OFIS Licensing
611 W. Ottawa Street
Lansing, MI 48933

Visit OFIS on the Web at:
www.michigan.gov/ofis

**Michigan Department of Consumer & Industry Services**
*"Serving Michigan...Serving You"*

Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

P.A. 218 or 1956 as amended requires submission of this form by licensees or applicants who do or will operate under an assumed name. Failure to file this information may result in a fine or license action including suspension, revocation or denial and other compliance action by the Office of Financial and Insurance Services.