

STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)  
PRODUCER LICENSING BUREAU

**Business Entity Name Change Request**

Please take special care when completing this form. All filing fees are non-refundable or non-transferable, whether or not the application is processed. NMSA 59A-6-1 All fees are earned when paid and are not refundable.

**Fee is \$30.00. Make check payable to OSI**

It is the licensee's responsibility to file any name change with the New Mexico Office of Superintendent of Insurance.

All business entities should be aware that other licensing and registration requirements for corporations and partnerships may exist. Contact the New Mexico Secretary of State's Office, (505) 827-3600 to determine the applicable requirements and to register.

**Supporting documentation is required. Please submit this form and one of the following authorized documents:**

- **New Mexico resident business entities must submit a filed copy of the Certificate of Amendment to the Articles of Incorporation as filed with the New Mexico Secretary of State.**
- **Nonresident business entities may provide a letter of certification from the entity's state of domicile, a copy of the entity's current license or license verification from the National Insurance Producer Database.**

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**National Producer Number (NPN)** \_\_\_\_\_

**Tax Id:** \_\_\_\_\_

**Licensee's Name** as it currently appears on license:

\_\_\_\_\_

**Licensee's New Name:**

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I authorize the New Mexico Office of Superintendent of Insurance to change the name on the business entity license to the name shown on this form and as verified on the attached authorized documentation.

\_\_\_\_\_  
**Signature/Title of Authorized Person Requesting Name Change**

\_\_\_\_\_  
**Date**

**Telephone No.** \_\_\_\_\_

\_\_\_\_\_

**Overnight Delivery: Producer Licensing Bureau, 1120 Paseo de Peralta, Room 331, Santa Fe, NM 87501**

**Mailing Address: Producer Licensing Bureau, PO Box 1689, Santa Fe, NM 87504**