



OWNERSHIP CHANGE REQUEST: Less Than 50%
Non-Insurance Business Entity (NIBE)
Collection Agency~Motor Club~Premium Finance Company

INSTRUCTIONS: Existing licensees/permit holders should complete this form to **report ownership changes of less than 50%**. If the ownership change is 50% or greater for Collection Agency only, the company must re-apply and submit a new application for licensure and obtain a new permit number. New applications must be submitted electronically on the NC License Management System (CLARUS).

CURRENT LICENSEE INFORMATION:

NIBE TYPE (check one): <input type="checkbox"/> Collection Agency <input type="checkbox"/> Motor Club <input type="checkbox"/> Premium Finance Company	
FEIN:	NC License/Permit #:
Legal Name:	
Street Address:	
City/State/ZIP:	
Business Contact Name:	Business Email Address:

NEW OWNERSHIP INFORMATION:

NEW INDIVIDUAL OWNERS, GOVERNING MEMBERS, AND OFFICERS

Provide both the percentage and name(s) of the individual(s) with a 10% or greater ownership of the applicant. Each individual owner, governing member and/or officer listed must complete and submit a personal questionnaire form NCDOI-5CA, or NCDOI-5MC, or NCDOI-5PF.

Name	% Owned
Name	% Owned
Name	% Owned
Name	% Owned
Name	% Owned
Name	% Owned

NEW CORPORATE OWNERSHIP

If the licensee holder is partially or fully owned (10%-100%) by a company, provide ownership information. Personal questionnaires are **not** required for corporate ownership.

Parent Company Name:	
Contact Name:	Telephone Number:
Street Address:	City/State/ZIP:
FEIN:	Ownership %:



NEW BUSINESS RELATIONSHIPS

Provide information on all companies the applicant has business relationships (i.e. parent company, subsidiaries, partnerships, affiliates, venture companies, etc.) Attach a flowchart/diagram showing the relationship amongst the businesses.

FEIN:	Relationship to Licensee:
Business Name:	
Street Address:	City/State/ZIP:

FEIN:	Relationship to Licensee:
Business Name:	
Street Address:	City/State/ZIP:

FEIN:	Relationship to Licensee:
Business Name:	
Street Address:	City/State/ZIP:

NEW SIMILAR BUSINESSES

Provide information on all companies managed by any of the listed owners, governing members and/or officers of the applicant. Similar businesses include companies and/or law firms engaged in collection activities.

FEIN:	Individual's Name:
Business Name:	Equity/Managed %:
Street Address:	City/State/ZIP:

FEIN:	Individual's Name:
Business Name:	Equity/Managed %:
Street Address:	City/State/ZIP:

FEIN:	Individual's Name:
Business Name:	Equity/Managed %:
Street Address:	City/State/ZIP:

MANDATORY ATTACHMENTS:

	Personal Questionnaires (NCDOI-5CA, or NCDOI-5MC, or NCDOI-5PF) for all new owners, governing members, and officers
	Business Relationships Flowchart/Diagram (<i>if applicable</i>)
	New/Updated Corporation Formation Documents (<i>citing ownership change</i>):
	<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> By-Laws <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Operating Agreement



ATTESTATIONS:

The undersigned, as Owners, Governing Members and/or Officers of the licensee/permit holder, hereby certifies under penalty of perjury, that:

1. All answers, statements, and supplementary materials supplied in and with this ownership change request are accurate, complete and true. I (We) agree that any permit issued shall be issued in express reliance thereupon.
2. The licensee grants permission to the NC Commissioner of Insurance to verify any information supplied with any federal, state, or local government agency, current or former employer and/or company.
3. I (We) hereby designate the NC Commissioner of Insurance to be its agent for service of process regarding all legal matters in the respective jurisdiction and agree that service upon the Commissioner is of the same legal force and validity as personal service upon the licensee.
4. I (We) can confirm that this licensee will authorize the reimbursement to the NC Commissioner of Insurance, expenses incurred by the Commissioner in conducting routine examinations, audits, and investigating written complaints against the licensee or its employees. Payment will be made to the North Carolina Department of Insurance within 30 days of the notification of the examination costs and expenses. **(Foreign/Alien licensees only)**
5. I (We) authorize the NC Department of Insurance to give any information they may have to any federal, state or municipal agency, or any other organization, and I (We) release the Department of Insurance and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I (We) acknowledge that neither the applicant, nor anyone affiliated with its businesses, has directly or indirectly violated any of the laws or regulations in North Carolina or any other State, except as otherwise stated herein.
7. I (We) can confirm that there are no unsatisfied judgments that are not currently the subject of litigation against the licensee, any of its owners, governing members, or officers.
8. I (We) acknowledge that I (we) have read the applicable collection agency, motor club, and/or premium finance company laws and regulations of North Carolina General Statutes, Chapter 58, Article 70; or Article 69; or Article 35.
9. I (We) can confirm that the financial liquidity of the applicant is now, and will be continuously maintained in such a condition as to be immediately able to pay all current obligations of the licensee and, in due course, to pay all long term obligations.
10. I (We) am (are) aware of the responsibility to annually renew the North Carolina collection agency, motor club, or premium finance company license/permit, before June 30th of each year.

I (WE) HEREBY CERTIFY that on this _____ day of _____, 20_____, the undersigned has executed the foregoing ownership change request, being duly authorized to do so. The information and statements contained in this form, including all documents attached and other information filed thereafter as a part of this request, are correct, true, accurate, and complete.

Name of Licensee/Company: _____

Signature of Authorized Representative: _____

Print Name & Title: _____

MAILING INFORMATION

NOTE: Please ensure that permit/license number is on every document.

US POSTAL SERVICE	OVERNIGHT DELIVERY
NC/State of DOI	Bank of America Lockbox Services
P.O. Box 742175	Lockbox #742175
Atlanta, GA 30374-2175	6000 Feldwood Road
	College Park, GA 30349