



ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1 COMMERCE WAY, SUITE 104  
LITTLE ROCK, AR 72202  
PHONE: 501-371-2750  
FAX: 501-683-2604

Website: <https://insurance.arkansas.gov/pages/industry-regulation/licensing/forms-instructions/>

## Instructions for Agency/Business Entity Name Change

To request a change in an agency name, please provide the following to the License Division:

### I. Corporation or Limited Liability Company

- a. A letter requesting the name change from the old name and listing the new name. Include the agency license number or fein.
- b. Proof of acceptance of the name by home state Secretary of State.
- c. A copy of any changes to the articles of incorporation or articles of organization.
- d. Proof of acceptance of the name by the Arkansas Secretary of State.
- e. \$10.00 fee. Check made payable to the Arkansas Insurance Department Trust Fund. No temporary checks can be accepted.

### II. Partnership

- a. A letter requesting the name change from the old name and listing the new name. Include the agency license number or fein.
- b. A copy of any changes to the partnership agreement.
- c. \$10.00 fee. Check made payable to the Arkansas Insurance Department Trust Fund. No temporary checks can be accepted.

If you have any questions regarding this matter, please contact the License Division.