

Branch Office Registration or Cancellation Form

Form must include a signature of one of the following:
 Designated Responsible Licensed Producer (DRLP), Officer,
 Director, Principal or Partner of the business entity

Definition of a Branch Office:

A branch office is any office location, other than the primary location of the licensed business entity, that regularly conducts insurance business or that is advertised as a place where the public may contact the business entity or its employees concerning insurance services. **NOTE:** An office location that meets this definition, but is a separate legal entity from the licensed business entity, must obtain a separate business entity license and cannot be registered as a branch office. The licensed person designated as responsible for the business entity (DRLP) is responsible for all branch locations.

Assumed Name/Doing Business As (DBA):

An assumed name is a name other than the official name of the license as maintained in the DIFS database. Prior registration of a DBA is required with our office using the ILOS web page at www.michigan.gov/ilos.

Certificates for branch offices are mailed to the branch location indicated on this form unless the licensed business entity requests no certificate.

Main Office Information (Licensee):

Business Entity Producer Name		FEIN	System ID Number
Business Address – Line One		Business Address – Line Two	
City		State	ZIP Code
Phone Number	Ext.	Fax Number	State of Domicile

Branch Office Information:

Complete Business Name & Address of Branch (Name under which you are doing business in Michigan)
Note: You must supply a street or location address; a P.O. box is not allowed for registration purposes.

Name	Indicate which action should be taken: <input type="checkbox"/> Add Branch Office <input type="checkbox"/> Inactivate Branch Office		
Street Address – Line One	Street Address – Line Two		
City	State	ZIP Code	
Email Address	Business Phone Number	Business Fax Number	

Signature:

Name and Title (typed or printed)	System ID Number (if applicable)
Signature	Date

Mail completed form to: DIFS Insurance Licensing, PO Box 30220, Lansing MI 48909-7720
 OR Fax to: 517-284-8836



Michigan Department of Insurance and Financial Services

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