



**ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA  
NAME AND/OR OWNERSHIP CHANGE**

DATE (Mo./Day/Yr.)

Insured's Name

Policy Number

This form must be completed at the request of the assigned company and returned within 10 days. Failure to return the completed and signed form following two written requests may result in loss of coverage under the cancellation provisions of the Plan. All questions must be answered completely.

The purpose of this request is as follows:

- Combination of Separate Entities with common ownership. (Enter current ownership information for each entity in separate columns below)
- Change of Ownership - Complete Column A indicating ownership before change and Column B indicating ownership after change.
- Merger or Consolidation - Complete Column A & B indicating ownership before change and Column C indicating ownership after change.

Indicate date of actual change \_\_\_\_\_

	A	B	C
Name and Location of Entity			
Type of Entity (Corp., Partnership, etc.)			
Total shares of voting stock issued			
<b>Ownership:</b> A. Corporations - 1. List owners & all executive officers, by title. 2. Indicate the number of shares of stock owned by each. If zero (0), so state. 3. Submit shareholder proposal if transaction involved exchange of stock.  B. Partnership - 1. List each general partner. 2. List each partner's share in the profits.  C. Other - If no voting stock, list members of board of directors or comparable governing body.  Indicate by circling the names of the individual(s) above that are family members, residents of the same household, and/or a previous owner.  How long has the ownership of each entity shown been in existence - indicate date in each column.			

NOTE: If additional space is needed, use additional forms. This is to certify that the information contained herein is correct.

NAME OF INSURED

SIGNATURE OF OWNER, PARTNER OR EXECUTIVE OFFICER

DATE

TITLE