



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION

CHANGE OF BUSINESS ENTITY PRODUCER STATUS

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
TELEPHONE (573) 751-3518
THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

This form must be submitted to the Department of Insurance, Financial Institutions and Professional Registration within twenty (20) working days of the effective date of changes. Enclose a \$10.00 fee if you want a license showing the new name and/or address. Personal Checks Not Accepted.

Check Box if you are enclosing the \$10 fee.

BUSINESS ENTITY PRODUCER IDENTIFICATION NO.	BUSINESS ENTITY NAME
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PLEASE COMPLETE ANY AREA BELOW THAT REQUIRES CHANGE.

CHANGE BUSINESS ENTITY NAME TO (Proper papers from domiciled Secretary of State's Office must accompany this change)

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INDICATE NEW STRUCTURE (CHECK ONE) No fee required for this change

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY CORPORATION | |

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

CHANGE OF ADDRESS

LEGAL ADDRESS (REQUIRED)				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
MAILING ADDRESS (OPTIONAL)				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER

CHANGE OF OWNERS, OFFICERS, DIRECTORS OR DESIGNATED/RESPONSIBLE LICENSED PRODUCER No fee required for this change

If there have been any changes of owners, officers, directors or designated/responsible licensed producer, attach a current listing. Please give full name, social security number, title and residence address.

CHANGES OF LICENSED PRODUCERS (Employed or acting in behalf of or through the business entity and to whom the business entity pays any salary or commission.) No fee required for this change

CHECK ONE		NAME	SOCIAL SECURITY/LICENSE NO.	EFFECTIVE DATE		
ADD	DELETE			MO.	DAY	YEAR
				—	—	
				—	—	
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CHANGE OF BRANCH OFFICES Give name and social security number of a Missouri licensed producer in each branch office. No fee required for this change

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AUTHORIZED SIGNATURE ▶	DATE
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