



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**CHANGE OF BUSINESS ENTITY PRODUCER STATUS**

P.O. BOX 690  
 JEFFERSON CITY, MISSOURI 65102  
 TELEPHONE (573) 751-3518  
 FAX: (573) 526-3416  
 LICENSING@INSURANCE.MO.GOV

Submit to the Department of Commerce and Insurance within 20 working days of the effective date of changes. Verify and print your license at <http://insurance.mo.gov/agents>

BUSINESS ENTITY PRODUCER IDENTIFICATION NO.	BUSINESS ENTITY NAME
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	<input type="checkbox"/> CHANGE FEIN

**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**

- SOLE PROPRIETORSHIP       CORPORATION       OTHER  
 PARTNERSHIP       LIMITED LIABILITY CORPORATION

Attach a copy of Secretary of State document showing proof of new name.

**CHANGE OF ADDRESS** - For all address changes within your resident state, go to [www.nipr.com](http://www.nipr.com) for immediate updates.

<b>NEW LEGAL ADDRESS (Required)</b>				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
<b>NEW MAILING ADDRESS (Optional)</b>				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER

**CHANGE OF OWNERS, OFFICERS, AND/OR DIRECTORS**

CHECK ONE		NAME AND TITLE	SOCIAL SECURITY/LICENSE NO.	EFFECTIVE DATE		
ADD	DELETE			MO.	DAY	YEAR

**CHANGE OF DESIGNATED/RESPONSIBLE LICENSED PRODUCER**

CHECK ONE		NAME AND TITLE	LICENSE NO. OR NPN	EFFECTIVE DATE		
ADD	DELETE			MO.	DAY	YEAR

**CHANGES OF LICENSED PRODUCERS (Employed or acting on behalf of or through the business entity and to whom the business entity pays any salary or commission.)** Attach additional listing if necessary.

CHECK ONE		NAME	LICENSE NO. OR NPN	EFFECTIVE DATE		
ADD	DELETE			MO.	DAY	YEAR

**CHANGE OF BRANCH OFFICES** Attach a list of branch addresses to be added or deleted.

<b>AUTHORIZED SIGNATURE</b>	DATE
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