



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
APPLICATION FOR CERTIFICATE OF AUTHORITY

P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102-0690

INSTRUCTIONS

To be completed by Missouri domestic insurance companies/associations that desire to apply to transact business or amend their current Certificate of Authority or license in the State of Missouri. Check the appropriate boxes and complete all sections/parts of the application. The application must be signed by an authorized company official.

SECTION A - TYPE OF APPLICATION

NEW **AMENDED**

**TO TRANSACT BUSINESS IN THE
 STATE OF MISSOURI
 DURING THE YEAR _____**

SECTION B - IDENTIFYING DATA

FULL NAME OF INSURER		NAIC COMPANY CODE
BUSINESS ADDRESS		STATUTORY HOME OFFICE ADDRESS
MAIN ADDRESS		MAIN ADMINISTRATIVE OFFICE ADDRESS
COMPANY TELEPHONE NUMBER	NAME OF CONTACT PERSON	E-MAIL ADDRESS FOR COMPANY OR CONTACT PERSON
TELEPHONE NUMBER FOR FINANCIAL STATEMENT CONTACT PERSON		TELEPHONE NUMBER FOR LOCATION OF BOOKS & RECORDS

SECTION C - LINES OF BUSINESS

- | | |
|--|---|
| <input type="checkbox"/> LIFE AND HEALTH (Chapter 376, RSMo)

<input type="checkbox"/> A1. Life, annuities and endowments (§376.010, RSMo)
<input type="checkbox"/> A2. Accident and Health (§376.010, RSMo)
<input type="checkbox"/> A3. Variable Contracts (§376.309, RSMo)

<input type="checkbox"/> PROPERTY AND CASUALTY (Chapter 379, RSMo)

<input type="checkbox"/> B1. Property (§379.010.1(1), RSMo)
<input type="checkbox"/> B2. Liability (§379.010.1(2), RSMo)
<input type="checkbox"/> B3. Fidelity and Surety (§379.010.1(3), RSMo)
<input type="checkbox"/> B4. Accident and Health (§379.010.1(4), RSMo)
<input type="checkbox"/> B5. Miscellaneous (§379.010.1(5), RSMo)

<input type="checkbox"/> HEALTH SERVICES CORP. (§354.010 - 354.380, RSMo)

<input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION
 (§§354.400 - 354.636, RSMo)

<input type="checkbox"/> PREPAID DENTAL PLAN (§§354.700, et seq., RSMo) | <input type="checkbox"/> MISSOURI MUTUAL (§§380.011 - 380.151, RSMo)

<input type="checkbox"/> EXTENDED MISSOURI MUTUAL (§§380.201 - 380.601, RSMo)
<input type="checkbox"/> G1. Fire (§380.261(1), RSMo)
<input type="checkbox"/> G2. Windstorm (§380.261(2), RSMo)
<input type="checkbox"/> G3. Liability (§380.261(3), RSMo)
<input type="checkbox"/> G4. Crops (§380.261(4), RSMo)
<input type="checkbox"/> G5. Other (§380.261(5), RSMo)

<input type="checkbox"/> TITLE (Chapter 381, RSMo)

<input type="checkbox"/> PROFESSIONAL MALPRACTICE ASSESSABLE (Chapter
 383, RSMo)

<input type="checkbox"/> POLITICAL SUBDIVISION ASSESSABLE
 (§§537.620 - 537.650, RSMo)

<input type="checkbox"/> FRATERNAL BENEFIT (Chapter 378, RSMo)

<input type="checkbox"/> OTHER (SPECIFY) |
|--|---|

SECTION D - AUTHORIZED OFFICER SIGNATURE

TYPE NAME OF AUTHORIZED OFFICER		SIGNATURE OF AUTHORIZED OFFICER
TITLE	DATE	