



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
APPLICATION TO RENEW

PLEASE SUBMIT TO
 COMPANYLICFORMS@INSURANCE.MO.GOV

INSTRUCTIONS TO RENEW

This application is to be completed annually by all insurance companies/associations that desire to continue to transact business 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 and submitted with payment of the annual renewal invoice (as applicable), which is generated approximately 60 days ahead of the renewal date.

Renewal dates for companies filing this application are as follows:

License Anniversary Date: Professional Malpractice Assessable, Political Subdivision Assessable

April 1: Fraternal Benefit

July 1: All Others

SECTION A - IDENTIFYING DATA
 (Fields with an * display on the public-facing Missouri DCI and/or State Based Systems websites)

FULL NAME OF INSURER*		RENEWAL YEAR	NAIC COMPANY CODE*
BUSINESS ADDRESS*		STATUTORY HOME OFFICE ADDRESS*	
MAILING ADDRESS*		MAIN ADMINISTRATIVE OFFICE ADDRESS*	
BUSINESS TELEPHONE NUMBER*	EMAIL ADDRESS FOR PUBLIC INQUIRES*	COMPANY WEBSITE*	
FINANCIAL STATEMENT CONTACT PERSON		FINANCIAL STATEMENT CONTACT TELEPHONE NUMBER	
FINANCIAL STATEMENT CONTACT EMAIL ADDRESS			

SECTION B - LICENSE TYPE

- | | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> HEALTH SERVICES CORP. (§§354.010 - 354.380, RSMo) | <input type="checkbox"/> PROPERTY AND CASUALTY (Chapter 379, RSMo) |
| <input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION (§§354.400 - 354.636, RSMo) | <input type="checkbox"/> MISSOURI MUTUAL (§§380.011 - 380.151, RSMo) |
| <input type="checkbox"/> PREPAID DENTAL PLAN (§§354.700 - 354.725, RSMo) | <input type="checkbox"/> EXTENDED MISSOURI MUTUAL (§§380.201 - 380.611, RSMo) |
| <input type="checkbox"/> REINSURER (Chapter 375, RSMo) | <input type="checkbox"/> TITLE (Chapter 381, RSMo) |
| <input type="checkbox"/> R1. Accredited (§375.246.1(2), RSMo) | <input type="checkbox"/> PROFESSIONAL MALPRACTICE ASSESSABLE (Chapter 383, RSMo) |
| <input type="checkbox"/> R2. Reinsurer Domiciled in Another State (Qualified) (§375.246.1(3), RSMo) | <input type="checkbox"/> DOMESTIC SURPLUS LINES (Chapter 384, RSMo) |
| <input type="checkbox"/> R3. Trusteed Reinsurer (§375.246.1(4), RSMo) | <input type="checkbox"/> POLITICAL SUBDIVISION ASSESSABLE (§§537.620 - 537.650, RSMo) |
| <input type="checkbox"/> LIFE AND HEALTH (Chapter 376, RSMo) | <input type="checkbox"/> OTHER (SPECIFY): _____ |
| <input type="checkbox"/> FRATERNAL BENEFIT (Chapter 378, RSMo) | |

SECTION C - AUTHORIZED OFFICER SIGNATURE

PRINT NAME OF AUTHORIZED OFFICER	TITLE
SIGNATURE OF AUTHORIZED OFFICER	DATE