



STATE OF MISSOURI  
 DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
 AND PROFESSIONAL REGISTRATION  
**APPLICATION FOR CERTIFICATE OF AUTHORITY**

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

**INSTRUCTIONS**

To be completed by all insurance companies/associations that desire 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.

**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/LEGAL ADDRESS	STATUTORY HOME ADDRESS	
MAIN ADMINISTRATIVE OFFICE ADDRESS		TELEPHONE NUMBER
MAILING ADDRESS	E-MAIL ADDRESS	
TELEPHONE NUMBER FOR LOCATION OF BOOKS & RECORDS	TELEPHONE NUMBER FOR STATEMENT CONTACT PERSON	

**SECTION C - LINES OF BUSINESS**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>LIFE AND HEALTH (Chapter 376, RSMo)</b><br><br><input type="checkbox"/> A1. Life, annuities and endowments (§376.010, RSMo)<br><input type="checkbox"/> A2. Accident and Health (§376.010, RSMo)<br><input type="checkbox"/> A3. Variable Contracts (§376.309, RSMo)<br><br><input type="checkbox"/> <b>PROPERTY AND CASUALTY (Chapter 379, RSMo)</b><br><br><input type="checkbox"/> B1. Property (§379.010.1 (1), RSMo)<br><input type="checkbox"/> B2. Liability (§379.010.1 (2), RSMo)<br><input type="checkbox"/> B3. Fidelity and Surety (§379.010.1 (3), RSMo)<br><input type="checkbox"/> B4. Accident and Health (§379.010.1 (4), RSMo)<br><input type="checkbox"/> B5. Miscellaneous (§379.010.1 (5), RSMo)<br><br><input type="checkbox"/> <b>HEALTH SERVICES CORP. (§354.010 - 354.380, RSMo)</b><br><br><input type="checkbox"/> <b>HEALTH MAINTENANCE ORGANIZATION (§§354.400 - 354.636, RSMo)</b><br><br><input type="checkbox"/> <b>PREPAID DENTAL PLAN (§§354.700, et seq., RSMo)</b> | <input type="checkbox"/> <b>MISSOURI MUTUAL (§§380.011 - 380.151, RSMo)</b><br><br><input type="checkbox"/> <b>EXTENDED MISSOURI MUTUAL (§§380.201 - 380.601, RSMo)</b><br><input type="checkbox"/> <b>G1. Fire (§380.261 (1), RSMo)</b><br><input type="checkbox"/> <b>G2. Windstorm (§380.261 (2), RSMo)</b><br><input type="checkbox"/> <b>G3. Liability (§380.261 (3), RSMo)</b><br><input type="checkbox"/> <b>G4. Crops (§380.261 (4), RSMo)</b><br><input type="checkbox"/> <b>G5. Other (§380.261 (5), RSMo)</b><br><br><input type="checkbox"/> <b>TITLE (Chapter 381, RSMo)</b><br><br><input type="checkbox"/> <b>PROFESSIONAL MALPRACTICE ASSESSABLE (Chapter 383, RSMo)</b><br><br><input type="checkbox"/> <b>POLITICAL SUBDIVISION ASSESSABLE (Sections 537.620 - 537.650, RSMo)</b><br><br><input type="checkbox"/> <b>FRATERNAL BENEFIT (Chapter 378, RSMo)</b><br><br><input type="checkbox"/> <b>OTHER (SPECIFY)</b> |
|--|---|

**SECTION D - AUTHORIZED OFFICER SIGNATURE**

TYPE NAME OF AUTHORIZED OFFICER		SIGNATURE OF AUTHORIZED OFFICER
TITLE	DATE	