



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
 REGULATORY SERVICES SECTION
CHANGE OF SURETY RECOVERY AGENT STATUS

P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102
 TELEPHONE: (573) 526-5001
THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

TYPE OR PRINT IN INK.

Verify and print your license at <http://insurance.mo.gov/agents/>

LICENSE NUMBER	LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Jr.
<input type="checkbox"/> Sr.				
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)				

CHANGE OF ADDRESS (Notification required within 30 days of change)

NEW RESIDENCE ADDRESS (Required)

STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
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NEW BUSINESS ADDRESS (Required)

STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
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NEW MAILING ADDRESS (Optional)

STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP
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CHANGE OF NAME (Attach documentation - Copy of marriage license, divorce decree or drivers license)

PREVIOUS NAME

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NEW NAME

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ORIGINAL SIGNATURE OF SURETY RECOVERY AGENT (REQUIRED FOR ALL ABOVE CHANGES)	DATE
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