



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
ORGANIZATIONAL CREDIT BUSINESS ENTITY RENEWAL

Email Application To: dci.ins.deposit@insurance.mo.gov

Mail: Missouri Department of Commerce and Insurance

PO Box 4001

Jefferson City, MO 65102

Questions: licensing@insurance.mo.gov

Filing of this application does not give authority to act as an organizational credit business entity agency. This authority does not exist until a license has been issued by the Department of Commerce and Insurance.

This application must be accompanied by a \$50.00 licensing fee, in addition to \$18.00 per listed employee under Part III A. The organizational credit business entity license is renewable annually on the anniversary date of issuance. Fee may be paid by check or money order, made payable to Department of Commerce and Insurance. FEES ARE NOT REFUNDABLE.

PART I

ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME		FEIN	
LEGAL ADDRESS (REQUIRED) STREET NUMBER AND NAME		COUNTY	
CITY	STATE	ZIP	NATIONAL PRODUCER NUMBER (NPN)
MAILING ADDRESS STREET NUMBER AND NAME, P.O. BOX		TELEPHONE NUMBER	
CITY	STATE	ZIP	
CHECK ONE <input type="checkbox"/> INDIVIDUALLY OWNED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> OTHER			

PART II

List below the names, titles, social security numbers and addresses of the officers and directors. (Attach an additional sheet if needed.)

SOC. SEC. #	NAME	TITLE	ADDRESS			
			STREET	CITY	STATE	ZIP CODE

PART III

A. List all persons employed by the organizational credit business entity and to whom the organizational credit business entity pays any salary or commission for the solicitation or negotiation of any contracts of credit life, credit accident and health, credit involuntary unemployment, credit leave of absence, credit property or any other form of credit or credit related insurance approved by the director. Attach additional sheet if needed.

CHECK ONE			LEGAL NAME OF EMPLOYEE (LAST, FIRST, MI)	(REQUIRED ONLY IF MARKED ADD)		
CURRENT	ADD	DELETE		LEGAL ADDRESS	DATE OF BIRTH M/D/Y	SOCIAL SECURITY NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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