



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**APPLICATION TO RENEW 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**

RENEWAL ONLY

TO TRANSACT BUSINESS IN THE  
 STATE OF MISSOURI  
 DURING THE YEAR \_\_\_\_\_

**SECTION B - IDENTIFYING DATA**

FULL NAME OF INSURER		NAIC COMPANY NAME
HOME/LEGAL ADDRESS		
MAIN ADMINISTRATIVE OFFICE ADDRESS		TELEPHONE NUMBER
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><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><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</b><br><b>(§§354.400 - 354.550, 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</b><br><b>(Chapter 383, RSMo)</b><br><br><input type="checkbox"/> <b>POLITICAL SUBDIVISION ASSESSABLE</b><br><b>(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> |
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**SECTION D - AUTHORIZED OFFICER SIGNATURE**

TYPE NAME OF AUTHORIZED OFFICER		SIGNATURE OF AUTHORIZED OFFICER	
TITLE		DATE	