



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
CHANGE OF PRODUCER STATUS

P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102
 TELEPHONE: (573) 751-3518
 FAX: (573) 526-3416
 LICENSING@INSURANCE.MO.GOV

INSTRUCTIONS				
TYPE OR PRINT IN INK.				
Verify and print your license at http://insurance.mo.gov/agents/				
LICENSE NUMBER	LEGAL LAST NAME	FIRST NAME	MI	<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

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

NEW MAILING ADDRESS (Optional)				
STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

CHANGE OF NAME (Attach documentation - Copy of marriage license, divorce decree, or driver's license)

PREVIOUS NAME
NEW NAME

PRODUCER AUTHORIZATION

SIGNATURE OF PRODUCER	DATE