



MISSOURI DEPARTMENT OF INSURANCE AND COMMERCE
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"/> LIFE AND HEALTH (Chapter 376, RSMo)
<input type="checkbox"/> A1. Life, annuities and endowments (§376.010, RSMo)
<input type="checkbox"/> A2. Accident and Health (§376.010, RSMo)
<input type="checkbox"/> A3. Variable Contracts (§376.309, RSMo)

<input type="checkbox"/> PROPERTY AND CASUALTY (Chapter 379, RSMo)
<input type="checkbox"/> B1. Property (§379.010.1 (1), RSMo)
<input type="checkbox"/> B2. Liability (§379.010.1 (2), RSMo)
<input type="checkbox"/> B3. Fidelity and Surety (§379.010.1 (3), RSMo)
<input type="checkbox"/> B4. Accident and Health (§379.010.1 (4), RSMo)
<input type="checkbox"/> B5. Miscellaneous (§379.010.1 (5), RSMo)

<input type="checkbox"/> HEALTH SERVICES CORP. (§354.010 - 354.380, RSMo)

<input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION (§354.400 - 354.636, RSMo)

<input type="checkbox"/> PREPAID DENTAL PLAN (§354.700, et seq., RSMo) | <input type="checkbox"/> MISSOURI MUTUAL (§§380.011 - 380.151, RSMo)

<input type="checkbox"/> EXTENDED MISSOURI MUTUAL (§§380.201 - 380.601, RSMo)
<input type="checkbox"/> G1. Fire (§380.261 (1), RSMo)
<input type="checkbox"/> G2. Windstorm (§380.261 (2), RSMo)
<input type="checkbox"/> G3. Liability (§380.261 (3), RSMo)
<input type="checkbox"/> G4. Crops (§380.261 (4), RSMo)
<input type="checkbox"/> G5. Other (§380.261 (5), RSMo)

<input type="checkbox"/> TITLE (Chapter 381, RSMo)

<input type="checkbox"/> PROFESSIONAL MALPRACTICE ASSESSABLE (Chapter 383, RSMo)

<input type="checkbox"/> POLITICAL SUBDIVISION ASSESSABLE (Sections 537.620 - 537.650, RSMo)

<input type="checkbox"/> FRATERNAL BENEFIT (Chapter 378, RSMo)

<input type="checkbox"/> OTHER (SPECIFY) |
|--|--|

SECTION D - AUTHORIZED OFFICER SIGNATURE

TYPE NAME OF AUTHORIZED OFFICER		SIGNATURE OF AUTHORIZED OFFICER
TITLE	DATE	