



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
LICENSING SECTION

**CHANGE OF SURETY RECOVERY AGENT STATUS**

P.O. BOX 690 or  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
TELEPHONE: (573) 751-3518

**THIS FORM MAY BE DUPLICATED**

INSTRUCTIONS				
PLEASE TYPE OR PRINT IN INK.				
ENCLOSE A \$10 FEE IF YOU WANT A LICENSE SHOWING THE CHANGES INDICATED BELOW. PERSONAL CHECKS NOT ACCEPTED. <input type="checkbox"/> CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.				
SOCIAL SECURITY/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

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

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

**CHANGE OF NAME** (Please Attach Documentation)

PREVIOUS NAME

NEW NAME

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