



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

**CHANGE OF PUBLIC ADJUSTER STATUS**

P.O. BOX 690  
JEFFERSON CITY, MISSOURI 65102  
TELEPHONE (573) 751-3518  
FAX: (573) 526-3416  
**THIS FORM MAY BE DUPLICATED**

**INSTRUCTIONS**

PLEASE TYPE OR PRINT IN INK.

Verify and print your license at <http://insurance.mo.gov/agents/>

PUBLIC ADJUSTER IDENTIFICATION NO.	PUBLIC ADJUSTER NAME
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	

**CHANGE NAME TO** (Proper papers from Missouri Secretary of State's Office must accompany this change if other than individual.)

**INDICATE NEW STRUCTURE** (Check one if other than individual.)

<input type="checkbox"/> INDIVIDUALLY OWNED	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> UNINCORPORATED ASSOCIATION	

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

**CHANGE OF ADDRESS** (Notification required within 30 days of change.)

NEW RESIDENCE ADDRESS (Required)				
STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER
NEW BUSINESS ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
NEW MAILING ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

**CHANGE OF OWNERS, OFFICERS OR DIRECTORS**

If there have been any changes of owners, officers or directors, attach a current listing. Please give full name, Social Security Number, title and residence address.

**CHANGES OF LICENSED PUBLIC ADJUSTERS AND/OR PUBLIC ADJUSTER SOLICITORS (Employed by you.)**

CHECK ONE		CHECK ONE		NAME	ID NUMBER	EFFECTIVE DATE		
ADD	DELETE	PA	PS			MO.	DAY	YEAR
						—	—	—
						—	—	—
						—	—	—

<b>AUTHORIZED SIGNATURE</b> ▶	DATE
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