



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 continue 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

FOR RENEWAL USE ONLY

**TO TRANSACT BUSINESS IN THE
 STATE OF MISSOURI
 DURING THE YEAR _____**

SECTION B - IDENTIFYING DATA

FULL NAME OF INSURER		NAIC COMPANY CODE
BUSINESS ADDRESS		STATUTORY HOME OFFICE ADDRESS
MAILING ADDRESS		MAIN ADMINISTRATIVE OFFICE ADDRESS
COMPANY TELEPHONE NUMBER	NAME OF CONTACT PERSON	EMAIL ADDRESS OF COMPANY OR CONTACT PERSON
TELEPHONE NUMBER FOR FINANCIAL STATEMENT CONTACT PERSON		TELEPHONE NUMBER FOR LOCATION OF BOOKS & RECORDS

SECTION C - LINES OF BUSINESS

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| <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 - 354.550, RSMo)

<input type="checkbox"/> PREPAID DENTAL PLAN (§§354.700, et seq., RSMo)

<input type="checkbox"/> OTHER (SPECIFY) | <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 (§§537.620 - 537.650, RSMo)

<input type="checkbox"/> FRATERNAL BENEFIT (Chapter 378, RSMo)
<input type="checkbox"/> REINSURER (Chapter 375, RSMo)
<input type="checkbox"/> R1. Accredited (§375.246.1(2), RSMo)
<input type="checkbox"/> R2. Reinsurer Domiciled in Another State (Qualified) (§375.246.1(3), RSMo)
<input type="checkbox"/> R3. Trusted Reinsurer (§375.246.1(4), RSMo)

<input type="checkbox"/> CERTIFIED REINSURER (§375.246.1(5), RSMo)
<input type="checkbox"/> RECIPROCAL REINSURER (§375.246.1(6), RSMo) |
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SECTION D - AUTHORIZED OFFICER SIGNATURE

TYPE NAME OF AUTHORIZED OFFICER	SIGNATURE OF AUTHORIZED OFFICER	
TITLE	DATE	