



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: PLEASE COMPLETE APPROPRIATE AREAS BELOW**

LICENSE NUMBER	LAST NAME	FIRST NAME	MI	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
E-MAIL ADDRESS				

**CHANGE OF ADDRESS**

**NEW RESIDENCE ADDRESS**

STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)		HOME PHONE NUMBER
CITY	STATE	ZIP

**NEW BUSINESS ADDRESS**

STREET ADDRESS		BUSINESS PHONE NUMBER
CITY	STATE	ZIP

**NEW MAILING ADDRESS**

STREET ADDRESS/P.O. BOX		BUSINESS PHONE NUMBER
CITY	STATE	ZIP

**CHANGE OF NAME (Attach documentation, i.e., copy of marriage license, divorce decree, driver's license)**

**PREVIOUS NAME**

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
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**NEW NAME**

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
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**CANCELLATION OF LICENSE (Note: Expired licenses do not need to be cancelled.) License will be cancelled on the date this form is processed by the department.**

**PLEASE DETAIL THE RATIONALE FOR CANCELLING YOUR LICENSE.**

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**PRODUCER AUTHORIZATION**

SIGNATURE OF PRODUCER	DATE
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