



MISSOURI DEPARTMENT OF INSURANCE,
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
 LICENSING SECTION
CHANGE OF BUSINESS ENTITY PRODUCER 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.

This form must be submitted to the Department of Insurance, Financial Institutions and Professional Registration within 20 working days of the effective date of changes. Verify and print your license at <http://insurance.mo.gov/agents>

BUSINESS ENTITY PRODUCER IDENTIFICATION NO.	BUSINESS ENTITY NAME
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	CURRENT FEIN

CHANGE BUSINESS ENTITY NAME TO (Proper papers from domiciled Secretary of State's Office must accompany this change)

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INDICATE NEW STRUCTURE (CHECK ONE)

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CORPORATION	

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

CHANGE OF ADDRESS

NEW LEGAL ADDRESS (Required)				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
NEW MAILING ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER

CHANGE OF OWNERS, OFFICERS, DIRECTORS OR DESIGNATED/RESPONSIBLE LICENSED PRODUCER

If there have been any changes of owners, officers, directors or designated/responsible licensed producer, make changes below. Attach additional listing if necessary.

CHECK ONE		NAME, TITLE, AND RESIDENCE ADDRESS	SOCIAL SECURITY/LICENSE NO.	EFFECTIVE DATE
ADD	DELETE			
				MO. DAY YEAR — — —
				— — —

CHANGES OF LICENSED PRODUCERS (Employed or acting on behalf of or through the business entity and to whom the business entity pays any salary or commission.) Attach additional listing if necessary.

CHECK ONE		NAME	SOCIAL SECURITY/LICENSE NO.	EFFECTIVE DATE
ADD	DELETE			
				MO. DAY YEAR — — —
				— — —

CHANGE OF BRANCH OFFICES Give name and Social Security Number of a Missouri licensed producer in each branch office. No fee required for this change.

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AUTHORIZED SIGNATURE	DATE
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