



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

CHANGE OF SURETY RECOVERY AGENT STATUS

P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102
 TELEPHONE: (573) 751-3518

THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

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

| | | | | |
|---|-----------------|------------|-------------|------------------------------|
| 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 BUSINESS ADDRESS (Required)

| | | | | |
|----------------|------|-------|-----|-----------------------|
| STREET ADDRESS | CITY | STATE | ZIP | BUSINESS PHONE NUMBER |
| | | | | |

NEW MAILING ADDRESS (Optional)

| | | | |
|-------------------------|------|-------|-----|
| STREET ADDRESS/P.O. BOX | CITY | STATE | ZIP |
| | | | |

CHANGE OF NAME (Please Attach Documentation)

PREVIOUS NAME

| |
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| |
|--|

NEW NAME

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