



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
CHANGE OF BUSINESS ENTITY PRODUCER STATUS

P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102
 TELEPHONE (573) 751-3518
 FAX: (573) 526-3416
 LICENSING@INSURANCE.MO.GOV

Submit to the Department of Commerce and Insurance 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) | <input type="checkbox"/> CHANGE 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

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

Attach a copy of Secretary of State document showing proof of new name.

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, AND/OR DIRECTORS

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

CHANGE OF DESIGNATED/RESPONSIBLE LICENSED PRODUCER

| CHECK ONE | | NAME AND TITLE | LICENSE NO. OR NPN | 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 | LICENSE NO. OR NPN | EFFECTIVE DATE | | |
|-----------|--------|------|--------------------|----------------|-----|------|
| ADD | DELETE | | | MO. | DAY | YEAR |
| | | | | — | — | — |
| | | | | — | — | — |

CHANGE OF BRANCH OFFICES Attach a list of branch addresses to be added or deleted.

| | |
|-----------------------------|------|
| AUTHORIZED SIGNATURE | DATE |
|-----------------------------|------|