



# CHANGE OF ORGANIZATIONAL CREDIT BUSINESS ENTITY STATUS

### INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

This form must be submitted to the Department of Commerce and Insurance within 10 working days of the effective date of changes. Verify and print your license at <http://insurance.mo.gov/agents/>

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

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

**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**

<b>NEW LEGAL ADDRESS (Required)</b>				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
<b>NEW MAILING ADDRESS (Optional)</b>				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER

**CHANGE OF OWNERS, OFFICERS OR DIRECTORS**

If there have been any changes of owners, officers or directors, attach a current listing. Please give full name, Social Security Number, title and residence address.

**CHANGES OF EMPLOYEES (Employed by the organizational credit business entity and to whom the organizational credit business entity pays any salary or commission.)** No fee required for this change.

CHECK ONE		NAME (Last Name, First Name, Middle Initial)	DATE OF BIRTH (MM/DD/YYYY)	LAST 4 - SOCIAL SECURITY NO.	EFFECTIVE DATE		
ADD	DELETE				MO.	DAY	YEAR
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					—	—	—

<b>AUTHORIZED SIGNATURE</b> ▶	DATE
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