



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- For all address changes within your resident state, go to www.nipr.com for immediate updates.

| | | |
|--|-------|-------------------|
| 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. |
|-----------|------------|-------------|--|

NEW NAME

| | | | |
|-----------|------------|-------------|--|
| LAST NAME | FIRST NAME | MIDDLE NAME | <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. |
|-----------|------------|-------------|--|

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 |
|-----------------------|------|