



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
ORGANIZATIONAL CREDIT BUSINESS ENTITY RENEWAL

Filing of this application does not give authority to act as an organizational credit business entity agency. This authority does not exist until a license has been issued by the Department of Commerce and Insurance.

This application must be accompanied by a \$50.00 licensing fee, in addition to \$18.00 per listed employee under Part III A. The organizational credit business entity license is renewable annually on the anniversary date of issuance. Fee may be paid by check or money order, made payable to Department of Commerce and Insurance. FEES ARE NOT REFUNDABLE.

PART I

ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME		FEIN	
LEGAL ADDRESS (REQUIRED) STREET NUMBER AND NAME		COUNTY	
CITY	STATE	ZIP	NATIONAL PRODUCER NUMBER (NPN)
MAILING ADDRESS STREET NUMBER AND NAME, P.O. BOX		TELEPHONE NUMBER	BUSINESS EMAIL ADDRESS
CITY	STATE	ZIP	CONTACT NAME

CHECK ONE
 INDIVIDUALLY OWNED PARTNERSHIP CORPORATION LIMITED LIABILITY CORPORATION OTHER

PART II

List below the names, titles, social security numbers and addresses of the officers and directors. (Attach an additional sheet if needed.)

SOC. SEC. #	NAME	TITLE	ADDRESS			
			STREET	CITY	STATE	ZIP CODE

PART III

A. List all persons employed by the organizational credit business entity and to whom the organizational credit business entity pays any salary or commission for the solicitation or negotiation of any contracts of credit life, credit accident and health, credit involuntary unemployment, credit leave of absence, credit property or any other form of credit or credit related insurance approved by the director. Attach additional sheet if needed.

Within ten working days after the change of any information submitted on the application, or upon termination of the organizational credit business entity, the organizational credit business entity shall notify the Department of Commerce and Insurance of the change or termination. There is no charge for this notification.

LEGAL NAME OF EMPLOYEE (LAST, FIRST, MI)	DATE OF BIRTH (MM/DD/YYYY)	LAST 4 - SOCIAL SECURITY NUMBER	LEGAL NAME OF EMPLOYEE (LAST, FIRST, MI)	DATE OF BIRTH (MM/DD/YYYY)	LAST 4 - SOCIAL SECURITY NUMBER

PART III (CONT.)

LEGAL NAME OF EMPLOYEE (LAST, FIRST, MI)	DATE OF BIRTH (MM/DD/YYYY)	LAST 4 - SOCIAL SECURITY NUMBER	LEGAL NAME OF EMPLOYEE (LAST, FIRST, MI)	DATE OF BIRTH (MM/DD/YYYY)	LAST 4 - SOCIAL SECURITY NUMBER

B. LIST THE ADDRESSES OF BRANCH OFFICES OF THE ORGANIZATIONAL CREDIT BUSINESS ENTITY

PART IV

The undersigned owner, partner, officer or director of the organizational credit entity hereby certifies, under penalties of perjury, that all of the information submitted in this application and attachments is true and complete and that the undersigned owner, partner, officer or director is aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the organizational credit entity to civil or criminal penalties.

SIGNATURE ▶	TITLE (TYPE OR PRINT)	DATE
--------------------	-----------------------	------

Email Completed Application and Attachments to: dc.ins.deposit@insurance.mo.gov
Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

OR

Mail Completed Application and Attachments To:
Missouri Department of Commerce and Insurance
P.O. Box 4001
Jefferson City, MO 65102

Payment will be in the form of a check or money order.