



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)

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

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
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