



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
LICENSING SECTION
AGENCY APPLICATION

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MO 65102
TELEPHONE: (573) 751-3518

Filing of this application does not give authority to act as an insurance agency. This authority does not exist until a license has been issued by the Department of Insurance.
This application must be accompanied by a \$100.00 licensing fee. The agency license is renewable biennially on the anniversary date of issuance. **PERSONAL CHECKS NOT ACCEPTED. FEES ARE NOT REFUNDABLE.**

PART I

AGENCY NAME

LEGAL ADDRESS (REQUIRED) STREET NUMBER AND NAME	COUNTY
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CITY	STATE	ZIP
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MAILING ADDRESS STREET NUMBER AND NAME, P.O. BOX	TELEPHONE NUMBER
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CITY	STATE	ZIP
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CHECK ONE

INDIVIDUALLY OWNED	PARTNERSHIP	CORPORATION	UNINCORPORATED ASSOCIATION	OTHER
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PART II

A. IF AGENCY APPLICANT IS A DOMESTIC CORPORATION (INCORPORATED IN MISSOURI):

1. Enclose a copy of the Certificate of Good Standing or Certificate of Incorporation:
 - a. dated within the past year
 - b. issued by the Missouri Secretary of State
2. List below the names, titles, social security numbers and addresses of the officers and directors. (Attach an additional sheet if needed.)
3. Enclose registration of D/B/A name from Missouri Secretary of State, if applicable.

B. IF AGENCY APPLICANT IS A FOREIGN CORPORATION (INCORPORATED IN A STATE OTHER THAN MISSOURI):

1. Enclose a copy of the Certificate of Good Standing or Certificate of Incorporation:
 - a. dated within the past year
 - b. issued by the state granting the corporation authority to conduct business as a corporation
 - c. issued by the Missouri Secretary of State if the corporation has an office in Missouri.
2. List below the names, titles, social security numbers and addresses of the officers and directors. (Attach an additional sheet if needed.)
3. Enclose registration of D/B/A name from Missouri Secretary of State, if applicable.

C. IF AGENCY IS INDIVIDUALLY OWNED, A PARTNERSHIP, AN UNINCORPORATED ASSOCIATION, OR OTHER:

1. Enclose a copy of the Registration of Fictitious Name:
 - a. issued by the Missouri Secretary of State
(The Registration of Fictitious Name is not required when the agency name is the true name (First name, middle initial and surname of an individual.)
2. List below the name, social security number, title and address of each person or corporation having an interest in or owning any part of the agency. (Attach an additional sheet if needed.)

THIS SECTION (BELOW) MUST BE COMPLETED IN RESPONSE TO PART II A.2, B.2, AND C.2

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

PART III

A. Was agency previously licensed in Missouri? Yes No
If yes, please give agency name and agency license number.

