DIVISION OF FINANCE

Telephone 573-751-3242
Mailing Address:
PO Box 716
Jefferson City, Missouri 65102-0716

Harry S Truman Building
Sixth Floor
301 West High Street
Jefferson City, Missouri 65101

CHAPTER 364 - PREMIUM FINANCE COMPANY RENEWAL APPLICATION PACKET (Licensing Year July 1 through June 30)

Instructions:

1. The enclosed application must be completed in its entirety.

2. You may complete the balance sheet portion of the application either directly on the application itself or by attaching a copy of the same.

3. Application must be signed before a notary public.

* 4. A licensing fee of $700 made payable to the "Division of Finance" must be submitted with your completed application.

5. Future changes to information on the application must be reported to this office immediately.

6. If you have any further questions regarding the filing of this application, please call our office at 573-751-3463.

CURRENT LICENSE EXPIRES JUNE 30 ***RENEWAL APPLICATION***

Instructions: Please complete this form and submit, including the licensing fee(s) to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. *For questions, contact the Consumer Credit Licensing Section, 573-751-3463.*

MISSOURI DIVISION OF FINANCE

Renewal Application for

Premium Finance Company
Certificate of Registration

OFFICE USE ONLY	
PF – ___ – _____	*Rec#*_____
Check No.	Amount: $
Date:	Initials:

****IF NOT RENEWING – Please check, provide appropriate information, and return to the above address.**
☐ Ceased lending activities ☐ Closed location ☐ Sold to: _____

Information as listed on current license:

Company Name: **License Number:**

Street Address:

City: **State:** **Zip:**

Telephone: **Fax:** **County (MO only):**

☐ **Please check if above Licensed Location information is correct.**

Internet Operation? ☐ **Yes** ☐ **No** **If Yes, web site address:** _____

☐ Check if above Licensed Location information is changed or incorrect and enter correct information below:

Company Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **County (MO only):** _____

Hours of Operation:		
Contact Person for Licensing/Renewal Issues:	Name/Title:	
	Mailing Address:	
	City/State/Zip:	
	Telephone:	E-Mail:
Person to Receive Examination Reports:	Name/Title:	
	Mailing Address:	
	City/State/Zip:	
	Telephone:	E-Mail:
Contact Person for Consumer Inquiries/ Complaint Issues:	Name/Title:	
	Mailing Address:	
	City/State/Zip:	
	Telephone:	E-Mail:

Please complete reverse side

Company Home Office Information (if applicable)	Name
	Street Address:
	Mailing Address:
	City/State/Zip:
	Telephone: Fax:

OWNERSHIP: **If applicant is: Individual**, complete Section I. **Partnership**, complete Section II. **Corporation or LLC**, complete Sections II ***and*** III.

I. INDIVIDUAL	**Name:**	**Phone Number:**
	Residence Address:	
	Business Address:	
II. PARTNERSHIP, ASSOCIATION *OR* CORPORATION	**Name:**	**Phone Number:**
	Principal Business Address:	
Names, Titles of Partners/Officers	**Business Address**	**Residence Address**
III. CORPORATION	**Date of Incorporation:**	
	Principal Office in Missouri (if applicable):	

STATE OF _____)
)
COUNTY OF _____)

The undersigned, first being duly sworn, states that (s)he is a(n) (officer) (principal) (partner) in the company above named and that said company is financially capable of engaging in the business of insurance premium financing and that said company is authorized to transact business in this state.

_____
Signature / Officer, Partner, Principal

Subscribed and sworn to before me this _____ day of _____, 2_____.

_____
Notary Public
My Commission expires: _____

Payment Options:

- Pay online with credit card or eCheck
- Pay by check

Instructions for online payment:

Please click the link below to be taken to our online payment system. Once there, click on 'Make a one-time payment' and choose the following options:
Payment Category = Finance; Payment Type = Consumer Credit Fees.

https://magic.collectorsolutions.com/magic-ui/Login/mo-insurance-finance-pro-reg

Once your payment is complete, please save a copy of the receipt provided and submit it with your application to ccapplications@dof.mo.gov or by mail (see below).

Instructions for paying by check:

Please make your check payable to Missouri Division of Finance and submit it along with your application to the appropriate address below. Please allow for delivery time when calculating your fee amount.

Regular Mail:
Missouri Division of Finance
PO Box 716
Jefferson City MO 65102

Express Delivery:
Missouri Division of Finance
301 W. High Street, Room 630
Jefferson City MO 65101