



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
NOTIFICATION OF INSURER/TRUST AGREEMENTS

P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690

THIS FORM MAY BE DUPLICATED

FORM 2

INSTRUCTIONS

1. Please type.
2. This form must be submitted with the Financial Report to the Department of Commerce and Insurance on or before March 1.
3. A \$250.00 filing fee must be submitted with this notification form.

NAME OF ADMINISTRATOR

NAME OF INSURER/TRUST FOR WHICH THE ADMINISTRATOR HAD AN AGREEMENT DURING THE PRECEDING FISCAL YEAR.	LEGAL ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)	HOW IS INSURER OR TRUST INSURED: LICENSED CO., SELF-INSURER, OR STOP LOSS COVERAGE. PLEASE INDICATE BELOW.

On behalf of the Administrator, we verify the above insurer/trust agreement(s) exist with the Administrator.

AUTHORIZED SIGNATURE _____ DATE _____

AUTHORIZED SIGNATURE _____ DATE _____