



**ADMINISTRATOR APPLICATION**

**THIS FORM MAY BE DUPLICATED FORM 1**

**INSTRUCTIONS:** Filing of this application does not give authority to act as an Administrator. This authority does not exist until a Certificate of Authority has been issued by the Department of Insurance, Financial Institutions and Professional Registration. This application must be accompanied by a \$1000.00 licensing fee. The Certificate of Authority is renewable annually on July 1 of each calendar year following the calendar year in which the Certificate of Authority was originally issued. **PERSONAL CHECKS NOT ACCEPTED.**

ADMINISTRATOR NAME

LEGAL ADDRESS (REQUIRED) (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE) PHONE NO.

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE) PHONE NO.

CHECK ONE  
 INDIVIDUALLY OWNED       PARTNERSHIP       CORPORATION       UNINCORPORATED ASSOCIATION       OTHER

The following information and documents must be sent with this application:

- A** All basic organizational documents of the administrator, including, but not limited to, any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement and all amendments to such documents. Also, a currently dated Certificate of Good Standing and/or Fictitious Name Registration from the Missouri Secretary of State's Office.
- B** The bylaws, rules, and regulations of the administrator.
- C** A biographical affidavit form (enclosed) must be completed by all of the individuals who are responsible for the conduct of affairs of the administrator, including all members of the board of directors, board of trustees, executive committee or other governing board or committee; the principal officers in the case of a corporation or the partners or members in the case of a partnership or association; shareholders holding directly or indirectly ten percent or more of the voting securities of the administrator; and any other person who exercises control or influence over the affairs of the administrator;
- D** Annual audited financial statements or reports for the two most recent years. This statement is to be completed as specified per Chapter 375.1025 - 375.1062.
- E** Plan of operation of the administrator including information on staffing levels and activities in this state and nationwide.
- F** If the applicant will be managing the solicitation of new or renewal business, proof that it employs or has contracted with an agent licensed by this state for solicitation and taking of application. Any applicant which intends to directly solicit insurance contracts or to otherwise act as an insurance agent must provide proof that it has a license as an insurance agent or agency; or as an insurance agent and agency, as applicable, in this state;
- G** Each administrator shall file a surety bond in the amount of \$50,000. Such bond must be obtained from an insurance company licensed to do business in Missouri. This requirement will be waived if the TPA is an affiliate or subsidiary of an insurance company licensed and in good standing with this office.
- H** TPA Questionnaire

**DID ADMINISTRATOR EXIST UNDER PREVIOUS NAME?**       YES       NO      IF YES, GIVE PREVIOUS NAME BELOW

PREVIOUS NAME	ADDRESS
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LIST THE ADDRESSES OF BRANCH OFFICES OF THE ADMINISTRATOR (CONTINUE ON BACK IF NECESSARY)

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE	TITLE (PRINT OR TYPE)
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	