STATE OF MISSOURI
DEPARTMENT OF INSURANCE

TPA 376.1092

MAIL TO:
DEPARTMENT OF INSURANCE
P.O. BOX 690
JEFFERSON CITY, MO 65102-0690

The following third party administrator form should be completed in accordance with 376.1092 RSMo.

Under Section 376.1092.4 RSMo, the director may refuse to issue a certificate of authority if the director determines that the administrator or any individual responsible for the conduct of affairs of the administrator has violated any of the following causes outlines in the statute. Please read the following very carefully and answer every question. If the answer to any of the below is "yes" please provide a full explanation and certified documents where applicable. Explanatory statements may be attached to the form.

All written statements submitted by the administrator must include an original signature. Please note that failure to disclose information relevant to this section may constitute cause for refusal to register the administrator or cause for discipline against the administrator's registration.

To your knowledge, has the administrator or any individual responsible for the conduct of affairs of the administrator:

1. Had an insurance or an administrator license denied or revoked for cause by any state?

   ☐ YES ☐ NO If yes, provide an explanation:

2. Been subject to any form of criminal action by any federal or state court or agency resulting in some form of discipline or sanction?

   ☐ YES ☐ NO If yes, provide an explanation:

3. Been subject to any form of civil action by any federal or state court or agency resulting in some form of discipline or sanction?

   ☐ YES ☐ NO If yes, provide an explanation:

4. Been subject to any form of administrative action by any federal or state court or agency resulting in some form of discipline or sanction?

   ☐ YES ☐ NO If yes, provide an explanation:

By signature of this form the administrator understands and agrees to the following provisions:

In accordance with 376.1092.3 RSMo, the administrator understands it shall make available for inspection by the director copies of all contracts with insurers or other persons suing the services of the administrator.

In accordance with 376.1092.5 RSMo, the administrator understands the Certificate of Authority is renewable annually. Furthermore, it is the administrator's responsibility to maintain their registration with the Department.

In accordance with 376.1092.6 RSMo, the administrator understands it shall immediately notify the director of any material change in its ownership, control, or other fact or circumstance affecting its qualification for a certificate of authority in this state.

The undersigned affirms or swears under penalty of perjury that the information stated in this form and any attachments thereto is true and correct to the best of his or her belief, information, and knowledge.

SIGNATURE	PRINT NAME	TITLE
ADDRESS		

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		