



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
ADMINISTRATOR APPLICATION

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

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 Commerce and Insurance. 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 <input type="checkbox"/> INDIVIDUALLY OWNED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> UNINCORPORATED ASSOCIATION <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE PREVIOUS NAME BELOW	
PREVIOUS NAME	ADDRESS

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

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