STATE OF MISSOURI
DEPARTMENT OF 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 Audited Financial Report to the Department of 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.	ADDRESS	HOW IS INSURER OR TRUST INSURED: LICENSED CO., SELF-INSURER, OR STOP LOSS COVERAGE. PLEASE INDICATE BELOW.

On behalf of my company, we verify that the above insurer/trust agreement(s) exist with our company.

AUTHORIZED SIGNATURE DATE

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