Affidavit regarding Third Party Administrator (TPA) pursuant to RSMo 376.1084 (Form to be filed by all Missouri domestic Life, P&C and Health insurance companies on company letterhead)

State of)	
Co	ounty of)
1.	My name is
2.	I am employed as a by
3.	has contracts with a TPA/s. Yes No (Circle one)
4.	If answer to item #3 is no, go to item #11.
5.	If answer to item #3 is yes, does the TPA submit information in a timely fashion to the insurance company? Yes No (Circle one)
	Does the TPA administer benefits for more than 100 certificate holders? Yes No (Circle one) Has insurer conducted semi-annual reviews of which at least one was an on-site review? Yes No (Circle one)
8.	If answer to question #7 is no, attach an explanation.
9.	If answer to question #7 is yes, did the results of the on-site reviews reveal any deficiencies in the administration of said programs? Yes No (Circle one)
10	. If answer to question #9 is yes, provide detail
11	. I attest that the answers provided herein are complete and accurate.
	(Signature)
Sw	vorn to and subscribed before me this day of, 20
	Notary Public My commission expires