



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
NOTIFICATION OF INSURER/TRUST AGREEMENTS

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TPAFilings@insurance.mo.gov

INSTRUCTIONS

1. Please type. Additional copies of this form or an equivalent spreadsheet may be attached if more space is needed.
2. This form must be submitted with the annual report to the Department of Commerce and Insurance on or before March 1, as well as with new applications.
3. Please review section 376.1093, RSMo and 20 CSR 200-9.600 and 9.800 for more information on completing this form.

ADMINISTRATOR NAME

On behalf of the Administrator, I verify the above insurer/trust agreement(s) exist with the Administrator.

AUTHORIZED SIGNATURE	TITLE	DATE
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