



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
ADMINISTRATOR APPLICATION

P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690
 TPAFilings@insurance.mo.gov

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. 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. The application fee of \$1,000 may be paid electronically or by check.

ADMINISTRATOR NAME		D/B/A NAME	
DID ADMINISTRATOR EXIST UNDER PREVIOUS NAME(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, GIVE PREVIOUS NAME(S) BELOW	
PREVIOUS NAME(S)		ADDRESS(ES)	
STATE IN WHICH ORGANIZED	COMPANY WEBSITE		
MAILING ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)			
MAIN ADMINISTRATIVE OFFICE ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)			
BUSINESS ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)			
CONTACT NAME	CONTACT PHONE	CONTACT E-MAIL	

CHECK ONE

Individually Owned Partnership Corporation Limited Liability Company Unincorporated Association Other

The following information and documents must be submitted with this application. For more detail, consult the TPA Checklist and blank fillable forms available on the Department's website at www.insurance.mo.gov/insurance-forms:

1. All basic organizational documents of the administrator;
2. A Certificate of Authority or Certificate of Good Standing dated within 90 days of the application date from the Missouri Secretary of State, as well as a Fictitious Name Registration (if applicable);
3. The bylaws, rules, and regulations of the administrator;
4. Biographical affidavits for all individuals who are responsible for the conduct of the 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 10% or more of the voting securities of the administrator; and any other person who exercises control or influence over the affairs of the administration;
5. Annual audited financial statements or reports for the two most recent years;
6. Plan of operations of the administrator including information on staffing levels and activities in this state and nationwide;
7. 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 applications. 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 in this state;
8. Each administrator shall file a \$50,000 surety bond obtained from an insurance company licensed to do business in Missouri. This requirement is waived if the TPA is an affiliate or subsidiary of an insurance company licensed and in good standing with this office;
9. Notification of Insurer/Trust Agreements (Form 375-1684);
10. TPA Questionnaire (Form 375-0083); and
11. 376.1092 form (Form 375-0951).

PRINTED NAME

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		USE RUBBER STAMP IN CLEAR AREA BELOW.	
	DAY OF	YEAR		
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)				