

## MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE **TPA QUESTIONNAIRE**

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

PAGE
OF

INST	FRI	ICT	IO	NS

- 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							
NAMES OF ENTITIES TO WHICH SERVICES ARE PROVIDED	LOCATION OF ENTITY (CITY AND STATE)		TYPE OF ENTITY (I.E., SELF INSURED, CAFETERIA PLAN, INSURER, PENSION PLAN)	SERVICES PROVIDED (I.E., CLAIMS PROCESSING, PREMIUM COLLECTION)	NUMBER OF MO RESIDENTS INVOLVED	IS THIS AN ERISA QUALIFIED BENEFIT PLAN?	
						YES	NO
On behalf of the Administrator, I verify the accuracy of the above information.							
SIGNATURE		TITLE			DATE		
IO 375-0083 (9-2025)							



## MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

## **TPA QUESTIONNAIRE - ADDITIONAL ENTITIES**

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

PAGE
OF

DMINISTRATOR NAME							
NAMES OF ENTITIES TO WHICH SERVICES ARE PROVIDED	LOCATION OF ENTITY (CITY AND STATE)	TYPE OF ENTITY (I.E., SELF INSURED, CAFETERIA PLAN, INSURER, PENSION PLAN)	SERVICES PROVIDED (I.E., CLAIMS PROCESSING, PREMIUM COLLECTION)	NUMBER OF MO RESIDENTS INVOLVED	IS THIS AN ERISA QUALIFIED BENEFIT PLAN?		
					YES	NO	