



ADMINISTRATOR NAME:	DATE:
<p>The following third party administrator form should be completed in accordance with 376.1092 RSMo.</p> <p>Under Section 376.1092.4 RSMo, the director may refuse to issue a certificate of authority if the director determines that the administrator or any individual responsible for the conduct of affairs of the administrator has violated any of the following causes outlined in the statute. Please read the following very carefully and answer every question. If the answer to any of the below is “yes” please provide a full explanation and documents where applicable. Explanatory statements may be attached to the form.</p> <p><i>Please note that failure to disclose information relevant to this section may constitute cause for refusal to register the administrator or cause for discipline against the administrator’s registration.</i></p> <p>To your knowledge, has the administrator or any individual responsible for the conduct of affairs of the administrator:</p>	
<p>1. Had an insurance or an administrator license denied or revoked for cause by any state?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, provide an explanation:</p>	
<p>2. Been subject to any form of criminal action by any federal or state court or agency resulting in some form of discipline or sanction?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, provide an explanation:</p>	
<p>3. Been subject to any form of civil action by any federal or state court or agency resulting in some form of discipline or sanction?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, provide an explanation:</p>	
<p>4. Been subject to any form of administrative action by any federal or state court or agency resulting in some form of discipline or sanction that has not previously been disclosed to the Department on this form?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, provide an explanation:</p>	
<p>By signature of this form the administrator understands and agrees to the following provisions:</p> <p>In accordance with 376.1092.3 RSMo, the administrator understands it shall make available for inspection by the director copies of all contracts with insurers or other persons using the services of the administrator.</p> <p>In accordance with 376.1092.5 RSMo, the administrator understands the Certificate of Authority is renewable annually. Furthermore, it is the administrator’s responsibility to maintain its Certificate of Authority with the Department.</p> <p>In accordance with 376.1092.6 RSMo, the administrator understands it shall immediately notify the director of any material change in its ownership, control, or other fact or circumstance affecting its qualification for a Certificate of Authority in this state.</p>	
<p>The undersigned states that he/she is authorized to sign this form on behalf of the administrator and that the information stated in this form and any attachments thereto is true and correct to the best of his or her belief, information, and knowledge.</p>	
SIGNATURE	EMAIL
PRINT NAME	TITLE