

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

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

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- 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)	S PROVIDED (I.E., OCESSING, PREMIUM NO 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			
MO 375-0083 (9-2025)								



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

TPA QUESTIONNAIRE - ADDITIONAL ENTITIES

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					YES	NO		
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