MAIL TO: DEPARTMENT OF COMMERCE AND INSURANCE P.O. BOX 690 JEFFERSON CITY, MO 65102-0690

The following third party administrator form should be completed in accordance with 376.1092 RSMo.

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 certified documents where applicable. Explanatory statements may be attached to the form.				
All written statements submitted by the administrator must include an original signature. 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.				
To your knowledge, has the	administrator o	r any individual respons	ible for the conduct o	f affairs of the administrator:
1. Had an insurance or an a	administrator lic	ense denied or revoked	for cause by any sta	ate?
☐ YES ☐ NO If ye	s, provide an e	xplanation:		
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?				
☐ YES ☐ NO If yes, provide an explanation:				
3. Been subject to any form	of civil action	by any federal or state c	ourt or agency result	ing in some form of discipline or sanction?
☐ YES ☐ NO If ye	s, provide an e	xplanation:		
4. Been subject to any forr sanction?	m of administra	tive action by any feder	ral or state court or	agency resulting in some form of discipline or
☐ YES ☐ NO If yes, provide an explanation:				
contracts with insurers or oth In accordance with 376.1092 is the administrator's respon- In accordance with 376.1092 ownership, control, or other to	2.3 RSMo, the ner persons usi 2.5 RSMo, the assibility to maintact or circumst act or circumst swears under p	administrator understanding the services of the administrator understanding their registration with administrator understandiance affecting its qualification of perjury that the	ds it shall make avail dministrator. ds the Certificate of A the Department. s it shall immediately cation for a Certificato	able for inspection by the director copies of all authority is renewable annually. Furthermore, it notify the director of any material change in its
SIGNATURE		PRINT NAME		TITLE
ADDRESS				
ADDRESS				
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	MODN DEFORE ME THIS		COUNTY (OR CITY OF ST. LOUIS)
		SWORN BEFORE ME, THIS Y OF YEAR		USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SI	GNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)				