
**Rules of
Department of Insurance
Division 200—Financial Examination
Chapter 9—Third-Party Administrators (TPAs)**

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**Title 20—DEPARTMENT OF
INSURANCE**

**Division 200—Financial Examination
Chapter 9—Third-Party Administrators
(TPAs)**

20 CSR 200-9.100 Definitions
(Rescinded August 28, 1994)

20 CSR 200-9.200 Application Required
(Rescinded August 28, 1994)

**20 CSR 200-9.300 Statement of Trusts
and Agreements**
(Rescinded August 28, 1994)

20 CSR 200-9.400 Bond Requirements
(Rescinded August 28, 1994)

**20 CSR 200-9.500 Multiple Names
Prohibited**

PURPOSE: This rule implements the provisions of section 376.1088, RSMo, regarding disclosure of the name of a third-party administrator and the provisions of sections 375.934 and 375.936(4), RSMo regarding misleading information and advertising. This rule prohibits a third-party administrator from using any name other than its true name on its certificate of authority and sets forth specific requirements for the use of multiple names on its other documents and publications.

- (1) A third-party administrator (TPA) must use its true name for its certificate of authority to conduct business as a TPA in this state.
- (2) A TPA will be permitted to use a fictitious name, an acronym or a portion of its true name, in its advertising, agreements, contracts, policies, evidences of coverage, filings with the director or any other publication of its name, provided that the TPA uses its true name at least once in each advertisement, agreement, contract, policy, evidence of coverage, filing with the director, or any other publication.
- (3) Any TPA which does business as a TPA in this state under a fictitious name shall file with the director a copy of all documents, including the authorization from the Missouri secretary of state, which shows the legal authority for the TPA to use such other name. Any acronym

or portion of the true name must be registered with the director.

(4) Any TPA which prior to the effective date of this rule used or employed more than one (1) name shall cease using more than one (1) name, except as permitted by this rule, and take all steps necessary to comply with this rule within sixty (60) days after the effective date of this rule, including but not limited to, the filing of an application for an amended certificate of authority to reflect the true name of the TPA and the payment of fees in accordance with section 376.1092, RSMo.

(5) The director may institute disciplinary action for violations of this rule and take other action as is authorized by the provisions of sections, 374.046, 375.942, and 376.1094, RSMo and any other applicable law.

*Auth: sections 374.045 and 376.1095.1., RSMo (Cum. Supp. 1993) and 375.948, RSMo (Cum. Supp. 1992). * Original rule filed Sept. 30, 1993, effective June 6, 1994.*

**Original authority: 374.045, RSMo (1967), amended 1993; 375.948, RSMo (1976), amended 1986, 1992; and 376.1095.1., RSMo (1993).*

20 CSR 200-9.600 Application for Certificate of Authority

PURPOSE: This rule prescribes the process and forms to be used by a third-party administrator in applying for a certificate of authority to transact business in Missouri.

- (1) A third-party administrator must complete an application for a certificate of authority in the form illustrated in form 1 to this rule. Each application must be accompanied by a fee in the amount of one thousand dollars (\$1000), along with all the documents requested by the application form, including a notarized Biographical Affidavit to be completed and signed by the appropriate persons, even if the third-party administrator possessed a certificate of registration prior to the effective date of this regulation.
- (2) Each application also must be accompanied by an audited financial statement or report for the two (2) most recent years in accordance with sections 375.1025—375.1062, RSMo, showing the current financial condition of the applicant.
- (3) Each third-party administrator shall file a surety bond in the amount of fifty thousand dollars (\$50,000) obtained from an insurance company licensed to do business in Missouri. A

third-party administrator that is an affiliate or subsidiary of an insurance company licensed in this state shall not be required to file such a bond so long as the director is satisfied with the financial condition of that insurance company. If exempt from the surety bond filing requirement, a third-party administrator must submit in writing the name of the insurance company with whom the third-party administrator is affiliated.

*Auth: section 376.1095, RSMo (Cum. Supp. 1993). * Original rule filed Dec. 13, 1993, effective Aug. 28, 1994.*

**Original authority 1993.*



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
ADMINISTRATOR APPLICATION

P.O. BOX 690
JEFFERSON CITY, MO 65102-0690
(314) 526-4912

THIS FORM MAY BE DUPLICATED FORM 1

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 Insurance. This application must be accompanied by a \$1000.00 licensing fee. 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. PERSONAL CHECKS NOT ACCEPTED.

ADMINISTRATOR NAME

LEGAL ADDRESS (REQUIRED) (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE) PHONE NO.

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE) PHONE NO.

CHECK ONE
INDIVIDUALLY OWNED PARTNERSHIP CORPORATION UNINCORPORATED ASSOCIATION OTHER

The following information and documents must be sent with this application:

- A All basic organizational documents of the administrator, including, but not limited to, any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement and all amendments to such documents. Also, a currently dated Certificate of Good Standing and/or Fictitious Name Registration from the Missouri Secretary of State's Office.
B The bylaws, rules, and regulations of the administrator.
C A biographical affidavit form (enclosed) must be completed by all of the individuals who are responsible for the conduct of 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 ten percent or more of the voting securities of the administrator; and any other person who exercises control or influence over the affairs of the administrator;
D Annual audited financial statements or reports for the two most recent years. This statement is to be completed as specified per Chapter 375.1025 - 375.1062.
E Plan of operation of the administrator including information on staffing levels and activities in this state and nationwide.
F 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 application. 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; or as an insurance agent and agency, as applicable, in this state;
G Each administrator shall file a surety bond in the amount of \$50,000. Such bond must be obtained from an insurance company licensed to do business in Missouri. This requirement will be waived if the TPA is an affiliate or subsidiary of an insurance company licensed and in good standing with this office.

DID ADMINISTRATOR EXIST UNDER PREVIOUS NAME? YES NO IF YES, GIVE PREVIOUS NAME BELOW

PREVIOUS NAME ADDRESS

LIST THE ADDRESSES OF BRANCH OFFICES OF THE ADMINISTRATOR (CONTINUE ON BACK IF NECESSARY)

Signature block containing fields for Signature, Title, State of, County, Notary Public Signature, My Commission Expires, and Notary Public Name.



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
BIOGRAPHICAL AFFIDAVIT

INSTRUCTIONS

Print or type your answers. Complete this biographical affidavit in its entirety. If an item or question does not apply to you, state "none" or "not applicable". Read the definitions before completing this biographical affidavit. Attach additional sheets if the space provided is not sufficient. Original signatures and an oath before a notary are required.

DEFINITIONS

As used in this biographical affidavit, the following terms mean:

"crime", any action brought by a governmental agency or authority which resulted or could have resulted in a fine, imprisonment, probation, parole, or suspended imposition of sentence, except for traffic infractions.

"insurance company", any insurance company, attorney-in-fact of a reciprocal or interinsurance exchange, and any corporation having the exclusive or dominant right to manage a mutual insurance company.

"license" or "licensed", any license or certificate of authority or certificate of registration.

"terminate" or "terminated" or "termination", any voluntary or involuntary revocation, termination, or suspension, whether temporary or permanent.

NAME OF COMPANY		
1. FULL NAME		SOCIAL SECURITY NUMBER
OTHER NAMES USED AT ANY TIME (ALIAS)		
REASON FOR ALIAS	WAS YOUR NAME LEGALLY CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR NAME CHANGE		
NAME AND LOCATION OF COURT WHERE CHANGE MADE (IF OTHER THAN CHANGE FROM MAIDEN TO MARRIED NAME)		
2. BIRTHDATE	BIRTHPLACE	
3. RESIDENCES FOR THE LAST TEN YEARS STARTING WITH CURRENT ADDRESS. LIST ONLY THOSE ADDRESSES WHERE YOU RESIDED FOR A PERIOD OF AT LEAST SIX MONTHS.		
DATES	ADDRESS (STREET, CITY, STATE, ZIP CODE)	COUNTRY

MO 375-0536 (8-92) (1773)

EX



4. EDUCATION					
	DATES	NAME	LOCATION (CITY, STATE)	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL					
COLLEGE					
GRAD. STUDIES					

5. PROFESSIONAL ASSOCIATIONS			
HAVE YOU EVER BEEN A MEMBER OF ANY PROFESSIONAL ASSOCIATION OR SOCIETY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND LOCATION OF ASSOCIATION OR SOCIETY	DATE MEMBERSHIP CONFERRED	DATE MEMBERSHIP TERMINATED	IF TERMINATED, EXPLAIN

6. OWNERSHIP INTERESTS			
(a) Do you own or have beneficial interest in ten percent or more of the voting securities of any corporation or shares of any limited partnership, except for an insurance company?			<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF CORPORATION OR LIMITED PARTNERSHIP	NUMBER OF SHARES	PERCENT OF TOTAL	IF PLEDGED, EXPLAIN

(b) Do you own or have beneficial interest in the voting securities of any insurance company?			<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF COMPANY	NO. OF SHARES	PERCENT OF TOTAL	IF PLEDGED, EXPLAIN

MO 375-0536 (8-92) (1773)



7. OCCUPATIONAL INFORMATION

(a) List occupations for the last ten years, including present occupation.

OCCUPATION, EMPLOYMENT OR BUSINESS	POSITION	DATES	EMPLOYER'S NAME AND LOCATION	REASON FOR LEAVING

(b) List any positions as officer or director of any insurance company including positions currently held unless you have already listed it in 7.(a) above.

NAME OF INSURANCE COMPANY	POSITION	DATES	REASON FOR LEAVING

8. MILITARY SERVICE

HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	SERIAL NUMBER
RANK	DATE OF DISCHARGE	TYPE OF DISCHARGE

IF OTHER THAN HONORABLE, EXPLAIN

9. LICENSES

HAVE YOU EVER BEEN LICENSED BY ANY GOVERNMENTAL AGENCY OR AUTHORITY? YES NO

LICENSE TYPE	ISSUED BY WHAT AGENCY	DATE ISSUED	DATE/REASON FOR TERMINATION

10. CRIMES

HAVE YOU EVER BEEN CHARGED, INDICTED OR CONVICTED OF ANY CRIME? YES NO

DESCRIPTION OF CRIME	NAME AND LOCATION OF COURT	DATE	CONVICTED (YES OR NO)	IF YES, DESCRIBE PUNISHMENT

MO 375-0536 (8-92) (1773)



11. Have you, or a firm in which you are or were a member, or a corporation or insurance company of which you are or were an officer, director or major stockholder (10% or more) ever

- | | YES | NO |
|---|--------------------------|--------------------------|
| (a) been charged with any wrongdoing by any governmental authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) been discharged or had a contract of agency terminated by any insurer or employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) been charged in any capacity whatsoever with irregularities in money or any other transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) compromised liabilities with creditors, been insolvent or been adjudged as bankrupt? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) been refused or voluntarily withdrawn an application for a license? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) been fined for other than traffic violations by any state or federal governmental agency or authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) had any judgments which have remained unsatisfied? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) been involved in any lawsuit as a defendant, other than a lawsuit involving only a claim on an insurance policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) had a fidelity or surety bond refused or revoked or had a claim made against a bond on which you were covered as a principal? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is "yes", explain _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT



Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument, consisting of four pages, and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS) _____	
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ 19 _____		
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		

MO 375-0536 (8-92) (1773)



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
BOND OF THIRD PARTY ADMINISTRATOR

P.O. BOX 690
JEFFERSON CITY, MO 65102

BOND NUMBER _____

STATE OF MISSOURI

COUNTY OF _____

We, (TPA) _____

as principal, and (Surety Company) _____, as Sureties, are held and bound to Jay Angoff, the Director of Insurance, or his/her successor in office, for the use and benefit of the State of Missouri, in the sum of Fifty Thousand Dollars (\$50,000.00), lawful money of the United States of America, for the payment of which we bound ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally.

THE CONDITION OF THE ABOVE BOND is that the said principal is now or is about to become a licensed third-party administrator in accordance with the provisions of Sections 376.1075, 376.1077, 376.1080, 376.1082, 376.1083, 376.1084, 376.1085, 376.1087, 376.1088, 376.1090, 376.1092, 376.1093, 376.1094, 376.1095, RSMo Supp. 1993, and desires to give a surety bond, as required by Section 376.1092, RSMo Supp. 1993. This bond shall continue in force during any renewal, suspension or revocation of certificate of authority, and until cancelled as provided for herein.

If the said principal shall fully comply with the provisions of the Laws of the State of Missouri, and shall report, under oath, to the Director of Insurance, before March 1 of each calendar year, the complete names and addresses of all insurers and trusts with which the third-party administrator had an agreement during the preceding fiscal year and all other related information requested by Section 376.1093, RSMo Supp. 1993, and shall timely pay the filing fee of Two Hundred Fifty Dollars (\$250.00) by March 1 of each calendar year, and do and perform all other things required by Sections 376.1075, 376.1077, 376.1080, 376.1082, 376.1083, 376.1084, 376.1085, 376.1087, 376.1088, 376.1090, 376.1092, 376.1093, 376.1094, 376.1095, RSMo Supp. 1993, then this bond shall be of no effect; otherwise to be and remain in full force and effect.

The surety on the bond shall have the right to cancel the bond upon giving thirty (30) days notice to the Director of the Missouri Department of Insurance. The surety thereafter shall be relieved of liability for any breach of condition occurring after the effective date of the cancellation.

IN WITNESS WHEREOF, The said principal has hereunto set his hand and seal, and the said surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed the date and year below written.

SEAL

		PRINCIPAL
BONDING COMPANY		
BY-ATTORNEY-IN-FACT		

Sealed with our seals and dated this _____ day of _____, 19 _____.

DATE APPROVED	DIRECTOR OF INSURANCE
---------------	-----------------------

MO 375-1811 (5-94)

EX



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
AFFIDAVIT

FORM 3

THIRD PARTY ADMINISTRATOR NAME

The affiant on behalf of the third-party administrator named above, states under oath:

(1) That the third-party administrator processes insurance claims in the state of Missouri or on behalf of Missouri residents only for an ERISA - qualified employee welfare benefit plan, pursuant to 29 USC Section 1001, et. seq.;

(2) That the third-party administrator has filed a summary description plan, an annual report (Form 5500), and all other required documents (copies of which are attached hereto) with the United States Secretary of Labor, or that the third-party administrator is exempt from filing these documents pursuant to 29 USC Section 1001, et. seq.

AFFIX CORPORATE SEAL IF APPLICABLE

MUST BE SIGNED IN PRESENCE OF NOTARY	AFFIANT'S SIGNATURE (Individual Owner, Partner, or Chief Officer)	
NOTARY PUBLIC EMBOSSEY OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	19
	USE RUBBER STAMP IN CLEAR AREA BELOW	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

MO 375-1612 (2-94)

EX

20 CSR 200-9.700 Renewal of Certificate of Authority

PURPOSE: This rule prescribes the process to be used by a third-party administrator to renew its certificate of authority.

(1) A renewal notice provided by the director of the Missouri Department of Insurance must be returned to the director along with a renewal fee of two hundred fifty dollars (\$250) by July 1 of each calendar year following the calendar year in which the certificate of authority was originally issued. No third-party administrator will be required to apply for renewal of its certificate of authority prior to July 1, 1995.

*Auth: section 376.1095, RSMo (Cum. Supp. 1993). * Original rule filed Dec. 13, 1993, effective Aug. 28, 1994.*

**Original authority 1993.*

20 CSR 200-9.800 Notification of Insurers in Trust Agreements

PURPOSE: This rule prescribes the process and forms to be used by a third-party administrator to notify the Department of Insurance of the names and addresses of all insurers and trusts with which the third-party administrator had an agreement during the preceding fiscal year as required by Section 52 of House Bill 709.

(1) Before March 1 of each year following receipt of its certificate of authority, the third-party administrator shall file an annual report with the director of the Department of Insurance stating the complete names and addresses of all insurers and trusts with which the administrator had an agreement during the preceding fiscal year as set forth in Form 2 attached to this rule.

(2) In addition to providing all of the information requested on Form 2, the third-party administrator shall submit an audited financial report for the preceding calendar year. Form 2 and the audited financial report are to be accompanied by a filing fee in the amount of two hundred fifty dollars (\$250).

*Auth: section 376.1095, RSMo (Cum. Supp. 1993). * Original rule filed Dec. 13, 1993, effective Aug. 28, 1994.*

**Original authority 1993.*



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
NOTIFICATION OF INSURER/TRUST AGREEMENTS

P.O. BOX 690
JEFFERSON CITY, MO 65102-0690
(314) 526-4912

THIS FORM MAY BE DUPLICATED FORM 2

INSTRUCTIONS

1. Please type.
2. This form must be submitted with the Audited Financial Report to the Department of Insurance on or before March 1.
3. A \$250.00 filing fee must be submitted with this notification form.

NAME OF ADMINISTRATOR

NAME OF INSURER/TRUST FOR WHICH THE ADMINISTRATOR HAD AN AGREEMENT DURING THE PRECEDING FISCAL YEAR.	ADDRESS	HOW IS INSURER OR TRUST INSURED: LICENSED CO., SELF-INSURER, OR STOP LOSS COVERAGE. PLEASE INDICATE BELOW.	NAME OF CARRIER AND POLICY OR CERTIFICATE NUMBER

On behalf of my company, we certify that the above insurer/trust agreement(s) exist with our company.

AUTHORIZED SIGNATURE	DATE
AUTHORIZED SIGNATURE	DATE

20 CSR 200-9.700 Renewal of Certificate of Authority

PURPOSE: This rule prescribes the process to be used by a third-party administrator to renew its certificate of authority.

(1) A renewal notice provided by the director of the Missouri Department of Insurance must be returned to the director along with a renewal fee of two hundred fifty dollars (\$250) by July 1 of each calendar year following the calendar year in which the certificate of authority was originally issued. No third-party administrator will be required to apply for renewal of its certificate of authority prior to July 1, 1995.

*Auth: section 376.1095, RSMo (Cum. Supp. 1993). * Original rule filed Dec. 13, 1993, effective Aug. 28, 1994.*

**Original authority 1993.*

20 CSR 200-9.800 Notification of Insurers in Trust Agreements

PURPOSE: This rule prescribes the process and forms to be used by a third-party administrator to notify the Department of Insurance of the names and addresses of all insurers and trusts with which the third-party administrator had an agreement during the preceding fiscal year as required by Section 52 of House Bill 709.

(1) Before March 1 of each year following receipt of its certificate of authority, the third-party administrator shall file an annual report with the director of the Department of Insurance stating the complete names and addresses of all insurers and trusts with which the administrator had an agreement during the preceding fiscal year as set forth in Form 2 attached to this rule.

(2) In addition to providing all of the information requested on Form 2, the third-party administrator shall submit an audited financial report for the preceding calendar year. Form 2 and the audited financial report are to be accompanied by a filing fee in the amount of two hundred fifty dollars (\$250).

*Auth: section 376.1095, RSMo (Cum. Supp. 1993). * Original rule filed Dec. 13, 1993, effective Aug. 28, 1994.*

**Original authority 1993.*



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
NOTIFICATION OF INSURER/TRUST AGREEMENTS

P.O. BOX 690
JEFFERSON CITY, MO 65102-0690
(314) 526-4912

THIS FORM MAY BE DUPLICATED FORM 2

INSTRUCTIONS

1. Please type.
2. This form must be submitted with the Audited Financial Report to the Department of Insurance on or before March 1.
3. A \$250.00 filing fee must be submitted with this notification form.

NAME OF ADMINISTRATOR

NAME OF INSURER/TRUST FOR WHICH THE ADMINISTRATOR HAD AN AGREEMENT DURING THE PRECEDING FISCAL YEAR.	ADDRESS	HOW IS INSURER OR TRUST INSURED: LICENSED CO., SELF-INSURER, OR STOP LOSS COVERAGE. PLEASE INDICATE BELOW.	NAME OF CARRIER AND POLICY OR CERTIFICATE NUMBER

On behalf of my company, we certify that the above insurer/trust agreement(s) exist with our company.

AUTHORIZED SIGNATURE	DATE
AUTHORIZED SIGNATURE	DATE