

**STATE OF MONTANA
COMMISSIONER OF SECURITIES AND INSURANCE
OFFICE OF THE STATE AUDITOR
840 HELENA AVENUE, HELENA MT 59601 406-444-2040**

RENEWAL OF ADMINISTRATORS CERTIFICATE OF REGISTRATION

Pursuant to Section 33-17-603(3), Montana Code Annotated, the current certificate of registration issued to your company must be **renewed annually on or before July 1**. To renew the company's license to operate in Montana, please complete and return the following renewal form with the \$100 required fee and financial statements, postmarked on or before July 1. Please note that this office will only accept a renewal form executed by an officer of the company.

Items required for renewal:

- Completed renewal form (page 2).
- \$100 fee.
- Financial statements: Audited financial statements for the most recent calendar or fiscal year-end. If audited financial statements are not available, please enclose an internally generated balance sheet and income statement attested to by a company officer. Include an explanation as to why the entity is not annually audited by independent accountants. **The company's license will not be deemed as renewed without satisfactory review of this financial information.**

Administrator certificates are continuous in form; therefore, new certificates will **not** be reissued upon receipt of renewal fee and documentation. Failure to supply the above-requested items by the stated deadline may result in revocation of the Montana Certificate of Registration.

All insurance companies for which each administrator provides services in Montana are noted in our database. This database is used by all divisions of the agency and may affect filings submitted in other divisions. Therefore, please provide a complete and current listing of all insurance companies, their NAIC #, and the type of policies being administered on the enclosed renewal form or attach a list.

If you have any questions concerning the renewal of your certificate, or if an acknowledgment of the renewal is desired, feel free to contact the Examinations Bureau.

Cheryl Donovan
Insurance Examiner

STATE OF MONTANA
Commissioner of Securities and Insurance
Office of the State Auditor
840 Helena Avenue, Helena MT 59601 406-444-2040

RENEWAL OF ADMINISTRATOR'S CERTIFICATE OF REGISTRATION

To the Montana Commissioner of Securities and Insurance, Office of the State Auditor:			
The undersigned hereby submits this renewal form pursuant to Title 33, Chapter 17, Part 6, MCA, on behalf of the entity denoted below to continue its Montana Certificate of Registration.			
Company Name		d/b/a	
Mailing address	City	State	Zip
Phone and/ or Toll Free Number(s)		FEIN #	
Fax #		Company Email Address	
Contact Person and Direct Phone Number			

1. In the spaces provided below, please list **all** insurers for which you provide services in **Montana**. Indicate as follows: *INS – Insurance Company, MEWA - Multiple employer welfare arrangement, SET – Single employer trust.*
Also give type of policies: *Life, Health, Workers' Comp., etc.* Attach separate sheet if more space is needed.

Name of Insurance Company, MEWA or Self-Insured Employer Plan	NAIC # of Insurer	Insurer Type	Policy Type	Effective Date of Agreement

2. Are there any new officers and/or directors of the applicant since last renewal?
Yes_____ No_____ If yes, please attach completed biographical affidavit found at the following link
<http://csimt.gov/wp-content/uploads/NAIC-Biographical-Affidavit-Form-2015.pdf>

PLEASE NOTE: PER 33-17-611, MCA, WRITTEN AGREEMENTS MUST BE RETAINED FOR THE DURATION OF THE AGREEMENT AND FOR 5 YEARS THEREAFTER. ADDITIONALLY, EACH WRITTEN AGREEMENT MUST INCLUDE THE PROVISIONS OF 33-17-612 THROUGH 33-17-617, MCA.

Signature of Officer

Typed Name & Title of Officer