



State of Illinois

Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-0001

Third Party Prescription Program - License Renewal Application

Instructions: Print or type all information except that which requires a signature.

The **RENEWAL FEE** is \$50.00. Make checks payable to the Director of Insurance.

1. Name of Administrator		2. Tax, Social Security # or License #
3. Address (number and street) of Principal Administrative Office		Telephone # (include Area Code)
4. City	5. State	6. Zip Code

Business E-mail Address

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. Has the person listed as responsible member for the actions of the Third Party Prescription Program Administrator ever been convicted of a felony? Yes No
 If "yes", attach certified copies of the indictment, conviction and sentencing order.

2. Have you been refused a license to act as a Third Party Prescription Program Administrator, agent, broker, producer or solicitor, or has a license to act as such ever been denied, suspended, revoked or surrendered for regulatory reasons in any state either as an individual or as a member of an entity? Yes No

❖❖❖ Declaration and Certification ❖❖❖

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

I certify that I have not committed any such acts which would constitute a statutory ground for refusal or revocation of the third party administrator license.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

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