



**State of Illinois  
Third Party Administrator Renewal Application**

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

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

The **RENEWAL FEE is \$200.00**. Make checks payable to the **Director of Insurance**.

Federal Tax ID # or License #		
Name of Administrator		
Address (number and street)		Suite/Room #
City	State	Zip Code
Telephone #	Business E-mail Address	

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

- Has the person listed as responsible member for the actions of the Third Party Administrator license ever been convicted of a felony since the last application?  
If "yes", attach certified copies of the indictment, conviction and sentencing order. Yes  No
- Have you been refused a license to act as a Third Party 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
- Are any of the applicant's books, records, documents or other papers relating to the applicant's business affairs located, or created by processes or functions located, outside of the United States? 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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