



State of Kansas
 Department of Insurance
 Health & Life Division
 1300 SW Arrowhead Road
 Topeka, KS 66604
 (785) 296-7850

VOLUNTARY SURRENDER OF KANSAS TPA CERTIFICATE

_____ is seeking to
 surrender/withdraw its authority to transact business in the State of Kansas and returns for cancellation its
 Kansas Third Party Administrator Certificate effective _____ for the following reason(s):

Please forward confirmation of this transaction to the following mailing address:

Address: _____

Phone: _____

Applicant Officer’s Certification and Attestation

The officer (listed below) of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its content, and that all of the information, including any attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative and may subject me or the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying to withdraw or surrender its license.
3. I acknowledge that I am the President/Vice President/Secretary of the Applicant, am authorized to execute and are executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdiction that all of the forgoing is true and correct, executed at _____.

 Officer Signature

 Date

 Officer Full Legal Name

 Officer Title