



Kansas Department of Insurance

Commissioner Vicki Schmidt

Voluntary Surrender of Kansas TPA License/Registration

_____ is seeking
to surrender/withdraw its authority to transact business in the State of Kansas its Kansas Third Party
Administrator License or Registration effective _____ for the following
reason(s):

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 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 registered) or to which the Applicant is applying to withdraw or surrender its license (or registration). 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.
3. I hereby certify under penalty of perjury under the laws of the applicable jurisdiction that all the forgoing is true and correct, executed at _____.

Officer Signature

Date

Officer Full Legal Name

Officer Title