

## MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

P.O. Box 58 Jefferson City, MO 65102-0058 573-751-4231

## SENDER'S TRADING PARTNER PROFILE LIST OF INSURERS

TRADING PARTNER TYPE:				
Claims Administrator				
Trust				
Insurer				
NAME OF INSURERS SUBMITT	ING FOR:			
Name		FEIN:		
Address				
NAIC # (filed with MO DIFP)		<del> </del>		
Name		FEIN:		
Address			State	ZIP
NAIC # (filed with MO DIFP)		· · · · · · · · · · · · · · · · · · ·		
Name				
Address			_ State	ZIP
NAIC # (filed with MO DIFP)				
N.		DDD.		
Name				
Address			_ State	ZIP
NAIC # (filed with MO DIFP)				
Name		FFIN:		
Address				
NAIC # (filed with MO DIFP)			_ State	Zn
Table ii (inou minimo bii i )		<del></del>		
Name		FEIN:		
Address				
NAIC # (filed with MO DIFP)				