

**STATE OF NORTH CAROLINA  
DEPARTMENT OF INSURANCE  
APPLICATION FOR ADMINISTRATOR LICENSE**

\_\_\_\_\_, 20\_\_\_\_  
(date)

On behalf of

\_\_\_\_\_  
(Name of Individual, Corporation, or Partnership)

with principal offices at \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number)

\_\_\_\_\_  
(E-mail Address)

I hereby apply for a license empowering the above entity to act as an Administrator pursuant to North Carolina General Statute Chapter 58, Article 56. Should the above entitled Administrator have any office in North Carolina, its location is hereby recorded as:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number)

\_\_\_\_\_  
(E-mail Address)

Please respond accordingly:

1. Has the applicant had a previous application for a TPA license denied for cause within the past five (5) years?

\_\_\_\_\_ yes

\_\_\_\_\_ no

If yes, was information previously provided? \_\_\_\_\_

If so, give date provided. \_\_\_\_\_

If not previously provided, attach an explanation.

2. Has the applicant had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state, or has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action?

\_\_\_\_\_ yes                      \_\_\_\_\_ no                      If yes, was information previously provided? \_\_\_\_\_  
If so, give date provided. \_\_\_\_\_  
If not previously provided, attach an explanation.

3. Has the applicant had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as an Administrator?

\_\_\_\_\_ yes                      \_\_\_\_\_ no                      If yes, was information previously provided? \_\_\_\_\_  
If so, give date provided. \_\_\_\_\_  
If not previously provided, attach an explanation.

4. Has the applicant been declared insolvent or discharged from bankruptcy within the past five (5) years?

\_\_\_\_\_ yes                      \_\_\_\_\_ no                      If yes, was information previously provided? \_\_\_\_\_  
If so, give date provided. \_\_\_\_\_  
If not previously provided, attach an explanation.

5. Has either the applicant or any of its officers, directors or managers been convicted of, or pleaded guilty or nolo contendere to a charge of crime involving fraud, dishonesty, or moral turpitude in any jurisdiction, or violation of any insurance statute or administrative rules?

\_\_\_\_\_ yes                      \_\_\_\_\_ no                      If yes, was information previously provided? \_\_\_\_\_  
If so, give date provided. \_\_\_\_\_  
If not previously provided, attach an explanation.

5a. If yes, was the charge of crime a felony? \_\_\_\_\_ yes \_\_\_\_\_ no

6. Has the applicant had an insurance company cancel an administrative services agreement for any financial reason other than non-production?

\_\_\_\_\_ yes                      \_\_\_\_\_ no                      If yes, was information previously provided? \_\_\_\_\_  
If so, give date provided. \_\_\_\_\_  
If not previously provided, attach an explanation.

7. Will the applicant administer its business in conformance with all provisions of North Carolina General Statute 58, Article 56, "Third Party Administrators"?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

The applicant has executed this application; and knows the contents thereof and attachments hereto; to the best of his knowledge and belief, the statements made in said application and in any attachments thereto are true, correct and complete in every material respect and do not contain any statement which, under the circumstances under which is made, would be false, or would tend to be misleading in respect to any material fact; and has read and understands the applicable insurance laws of the State of North Carolina.

If Corporation

(President) \_\_\_\_\_  
(Please type name beside signature)

(Secretary) \_\_\_\_\_  
(Please type name beside signature)

If Partnership

(Partner) \_\_\_\_\_  
(Please type name beside signature)

(Partner) \_\_\_\_\_  
(Please type name beside signature)

If Individual \_\_\_\_\_  
(Please type name beside signature)

**MAIL TO:**

**Life and Health Division  
Third Party Administrators Unit  
NC Department of Insurance**

**1201 Mail Service Center  
Raleigh, NC 27699-1201**

**430 N. Salisbury Street  
Raleigh, NC 27603  
(Overnight delivery only)**

**FORM MAY BE DUPLICATED WITHOUT MODIFICATION**