

**STATE OF NORTH CAROLINA  
DEPARTMENT OF INSURANCE  
ADMINISTRATOR QUESTIONNAIRE**

**INSTRUCTIONS**

1. The questionnaire is to be completed by an officer of the Administrator.
2. Please respond to each item. If an item does not apply, please so indicate by answering "N/A."
3. Attach additional sheets if necessary.
4. All questions pertain to solicitation & operations INVOLVING NORTH CAROLINA RESIDENTS unless otherwise stated.

Administrator \_\_\_\_\_

Location (Physical Address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

North Carolina Location/Physical Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number  
\_\_\_\_\_

Prepared by \_\_\_\_\_

Title \_\_\_\_\_

Date Prepared \_\_\_\_\_

**Section I. General Information.**

1. Indicate the Administrator's legal structure.

- Corporation
- Partnership
- Sole Proprietor
- Joint Venture
- Other \_\_\_\_\_

2a. List any affiliated companies and indicate their relationship with the Administrator (Parent, Subsidiary, etc.).

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2b. Is the applicant licensed or admitted as an insurer, HMO, or other risk bearing entity in any other jurisdiction?

- yes       no      If yes, give type of license and the state(s) in which the applicant is so licensed or admitted.

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3. List all DBA's used by the Administrator in North Carolina. Identify any DBA's which have not been provided to the Department previously.

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4. Administrator's Federal Tax Identification Number: \_\_\_\_\_

5. Is the Administrator **CURRENTLY** providing services in regards to North Carolina residents? \_\_\_\_\_

6. Does the Administrator have a corporate seal? \_\_\_\_\_

**Section II. Financial Compliance Information.**

1. Indicate the Administrator's fiscal year-end.

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2. Indicate the independent Certified Public Accountant or accounting firm which prepares financial statements for the Administrator.

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3. Is the Administrator a publicly held company? \_\_\_\_\_

Is the Administrator a subsidiary of a publicly held company, \_\_\_\_\_

or an affiliate of a publicly held company? \_\_\_\_\_

**Section III. Services Provided by the Administrator.**

1. Specify services provided by the Administrator.

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2. Does the Administrator provide services for fully-insured plans, self-funded plans or both?

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3. Does the Administrator provide services for Multiple Employer Welfare Arrangements (MEWA) or Multiple Employer Trusts (MET)?

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4. Specify those MEWAs or METs for which services are provided by the Administrator.

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5. Identify the participating employer groups of each MEWA or MET.

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6. Does the Administrator provide services for Professional Employer Organization (PEO)?

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Specify those PEOs for which services are provided by the Administrator.

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7. Does the Administrator contract directly or indirectly with medical providers for the provision of health care services?

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8. List each insurance company, by it's legal name and it's Federal Employer Identification Number (FEIN) for which services are provided for residents of North Carolina by the Administrator. Note pursuant to T11 NCAC 21.0104, no TPA shall enter into an agreement to administer insurance for residents of North Carolina with an insurance company or health maintenance organization unless the company or HMO is licensed to operate in North Carolina.

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9. Provide the name & address of each self-funded group, in North Carolina, for which services are provided by the Administrator. Note that North Carolina General Statute 58-56-51(b) provides that this information will be kept confidential.

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10. Name of insurance company which provides Errors & Omissions coverage for the Administrator.

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11. Registered or licensed as an Administrator in the following states:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What is the anticipated processing time for claims adjudicated by the Administrator?

\_\_\_\_\_

\_\_\_\_\_

13. Provide statistics for the Administrator's activities in the following areas for the preceding year:

North Carolina Business

a. Employer contributions in self-funded plans. \_\_\_\_\_

b. Employee contributions in self-funded plans. \_\_\_\_\_

c. Insurance premiums or charges, excluding administrative fees, collected on fully-insured plans. \_\_\_\_\_

d. Claims paid on self-funded plans. \_\_\_\_\_

e. Claims paid on fully-insured plans. \_\_\_\_\_

f. Number of covered persons, excluding dependents, in self-funded plans. \_\_\_\_\_

Number of covered persons, including dependents, in self-funded plans. \_\_\_\_\_

g. Number of insureds, excluding dependents, in fully-insured plans. \_\_\_\_\_

h. Number of insureds, including dependents,  
in fully-insured plans.

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