

Work Unit # _____

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
THIRD PARTY ADMINISTRATOR'S TRANSMITTAL FORM**

To be eligible for a license the Administrator must provide updated, current and accurate records of the following information to be reviewed and maintained in our confidential files at all times. Refer to each numbered item below and identify by a "Check Mark" (if item is applicable and documents are attached), "N/A" (if item is Not Applicable to the Administrator's operations), or for renewals "P/P" (if item Previously Provided), or "N/C" (if No Change has occurred to items requested since last filing). Each item listed below must be noted accordingly.

1. _____ Application for Administrator's License Form *TPAAPP*.

2. _____ **A list of the TPA officials' names and positions is required each year.** A completed Biographical Affidavit for Administrators Form *TPABIO* for each individual responsible for the conduct of affairs of the TPA, including all (i) members of the board or directors, board of trustees, executive committee, or other governing board or committee, (ii) the principal officers in the case of a corporation or the partners or members in the case of a partnership or association, (iii) all shareholders holding directly or indirectly 10 percent (10%) or more of the voting securities of the TPA, and (iv) any other person who exercises control or influence over the affairs of the TPA. **If any individual has previously filed a Biographical Affidavit with us and has resigned, retired or been terminated for cause (provide brief description of cause for termination) since the administrator's latest filing, provide a notice of such including the effective date of his/her departure.**

3. _____ Bylaws, rules, regulations, or similar documents regulating the internal affairs of the TPA.

4. _____ If the TPA contracts with one or more insurers, provide a copy(ies) of each Administrative Agreement being used. If the TPA contracts with Self-Funded Arrangements, provide a copy(ies) of the Service Agreement(s) being used. Include all amendments made to these documents.

5. _____ All organizational documents of the TPA, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreements, or any other applicable documents. Include all amendments made to these documents.

6. _____ Annual financial statements or reports for the two most recent fiscal years that prove that the applicant is solvent and any other information that the Commissioner may require in order to review the current financial condition of the applicant. Financial statements must include a Balance Sheet, a Statement of Income, and a Statement of Cash Flows and must be presented in the form of an audit, a review, or a compilation prepared by an independent certified public accountant. For a new or “start up” Administrator, an inception to date balance sheet certified by an independent CPA is required.

Consolidated Financial statements of the Administrator’s parent company are acceptable if such include a break out of the Administrator’s financials, and the certified public accountant’s opinion letter does not disclaim association with the consolidating schedules.

7. _____ A narrative discussing the internal controls over company operations and administered plans addressing the applicable topics outlined in the Administrator’s Internal Control Form *TPAICT*.

8. _____ A general description of the business operations including information on staffing levels and activities proposed in this State and nationwide. The description must provide details setting forth the TPA’s capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, record keeping, and underwriting.

9. _____ If the applicant will be managing the solicitation of new or renewal insured business, evidence that it employs or has contracted with an agent licensed by this State for soliciting and taking applications. Any applicant that intends to directly solicit insurance contracts or to otherwise act as an insurance agent must provide proof that they hold a license, and copies of their Certificates of Completion for all continuing education courses attended during the past year as evidence that the agent’s North Carolina license will be renewed.

10. _____ Administrator Questionnaire Form *TPAQSN*.

11. _____ Executed copy of the Administrator’s Power of Attorney Forms *TPAPOA* and *TPAPP*, if the Administrator is a Partnership. (Note: These forms are to be completed by **NON-DOMESTIC COMPANIES ONLY**.)

12. _____ Each application for a license shall be made upon a form prescribed by the Commissioner and shall be accompanied by a nonrefundable filing fee of Three hundred dollars (**\$300.00**).

13. _____ Evidence of maintenance of errors and omissions liability insurance or other security, of a type and in an amount to be determined by rules of the Commissioner.

14. _____ Non-domestic Administrators must provide a copy of the TPA license/certificate/registration from their domestic state, **that shows a current date**. If the date is not current, provide a letter of good standing for your TPA License, from your domestic state's Department of Insurance.

15. _____ If this package is submitted by someone other than the Administrator, provide a copy of the written appointment by the board of directors or an authorization signed by an officer of the Administrator which enlists and authorizes the attorney or firm to act on behalf of the TPA.

Instructions

This transmittal should be completed and attached as a cover page for the Licensure package. All forms and fee shall be submitted together.

Issued In The Name Of

Signature of Preparer

Date

Address

Telephone Number

Fax Number

E-Mail Address

MAIL TO:

**Life and Health Division
Third Party Administrator Unit
North Carolina Department of Insurance**

1201 Mail Service Center	<i>for Overnight Delivery Only</i>
Raleigh, NC 27699-1201	430 N. Salisbury St.
	Raleigh, NC 27603

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FORM MAY BE DUPLICATED WITHOUT MODIFICATION