

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
APPLICATION FOR THIRD PARTY ADMINISTRATOR REGISTRATION**

DOI # _____

FEIN # _____

_____, 20____
Date

(Name of Individual, Corporation, or Partnership)

with principal offices at _____
(Physical Address -- Street)

(City)

(State)

(Zip)

(Telephone Number)

(Fax Number)

(E-Mail Address)

and, with offices as indicated herein, does hereby register to act as a Third Party Administrator pursuant to North Carolina General Statute Chapter 58, Article 56.

The above entitled Administrator hereby certifies that:

- 1. The applicant has not had a previous application for an insurance license denied for cause within the past five (5) years;*
- 2. The applicant has not had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state, nor has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action;*
- 3. The applicant has not 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;*
- 4. The applicant has not been declared insolvent or discharged from bankruptcy within the past five (5) years;*
- 5. Neither the applicant nor any of its officers, directors or managers have 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;*
- 6. The applicant has not had an insurance company cancel an administrative services agreement for any financial reason other than non-production;*
- 7. The applicant will administer its business in conformance with all provisions of North Carolina General Statute 58, Article 56, "Third Party Administrators";*

Mailing Address: _____

Contact Person: _____

Telephone Number : _____ Fax Number: _____

E-Mail Address : _____

Section I. General Information.

1. Indicate the Administrator's legal structure.
_____ Corporation
_____ Partnership
_____ Sole Proprietor
_____ Joint Venture
_____ Other _____

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

2.b. Is the applicant licensed or admitted as an insurer, HMO, or other risk bearing entity any other jurisdiction?
___ yes ___ no If yes, give type of license and the state(s) in which the applicant is so licensed or admitted.

3. Is the Administrator **CURRENTLY** providing services in regards to North Carolina residents?

4. Does the Administrator have a corporate seal? _____ If yes - Seal here

Section II. Financial Compliance Information.

1. Indicate the Administrator's fiscal year-end. _____
2. Is the Administrator a publicly held company? _____
3. Is the Administrator a subsidiary of a publicly held company? _____
4. Is the Administrator an affiliate of a publicly held company? _____

Section III. Services Provided by the Administrator.

1. Specify services provided by the Administrator.

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

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

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

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

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

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

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

9. List each insurance company and its Federal Employer Identification Number (FEIN) for which services are provided by the Administrator (attach list if necessary) and provide a copy of each Administrative Agreement.

10. 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 this information shall be kept confidential.

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

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

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

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

	<u>Business</u>	<u>North Carolina</u>
a.	Employer contributions in self-funded plans	<hr/>
b.	Employee contribution in self-funded plans	<hr/>
c.	Insurance premiums or charges, excluding administrative fees, collected on fully insured plans	<hr/>
d.	Claims paid on self-funded plans	<hr/>
e.	Claims paid on fully-insured plans	<hr/>
f.	Number of covered persons, excluding dependents in self-funded plans	<hr/>
	Number of covered persons, including dependents in self-funded plans	<hr/>
g.	Number of insureds, excluding dependents, in fully-insured plans	<hr/>
	Number of insureds, including dependents,	

in fully-insured plans _____

The applicant has executed this application; and knows the contents thereof and attachments thereto; to the best of his knowledge and belief, the statements made in said application and in any rider attached 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)

Prepared by : _____
Attach letter of appointment

Title: _____

Signature of Preparer: _____

Date Prepared: _____

MAIL TO:

**Life and Health Division
Third Party Administrator Unit
North Carolina 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