

THIRD-PARTY ADMINISTRATOR (TPA) RENEWAL FORM

Renewal Form and all requirements must be received by the division by the registration expiration date.

Failure to file with the division all information on the form by the registration expiration date will result in a lapse of your registration. In the event information is not applicable, please state "not applicable." Do not leave any requested information blank. Forms with missing or incomplete information will not be processed and will be returned. This will delay the processing of your renewal and may result in a lapse of your registration. The transaction of business while in a lapse status is a violation of AS 21.27.630.

TPA NAME _____ PHONE _____ FAX _____ EMAIL _____

MAILING ADDRESS

PHYSICAL ADDRESS

LINES OF AUTHORITY _____ TOTAL DUE _____

- Do you perform services for more than 100 certificate holders? Yes No
 If yes, did the insurer conduct two reviews of operations, with at least one being an on-site review? Yes No
 Do you have the authority conferred by the insurer to establish loss reserves? Yes No
 Have you provided on an annual basis a copy of the certified financial statement prepared by an independent certified public accountant for each insurer you represent? (AS 21.27.650(g)) Yes No
 If no, please explain _____

- SUBMIT THE FOLLOWING REQUIRED DOCUMENTS WITH THIS FORM:**
- Certified financial statements for the prior two years prepared by an independent certified public accountant that establishes that the TPA is solvent and that the TPA's system of accounting, internal control, and procedure is operating effectively to provide reasonable assurance that money is promptly accounted for and paid to the person entitled to the money.
 - A list of current insurers under contract.
 - A list of key employees that manage or supervise the TPA's business in this state.

A. Has the business entity or any owner, partner, officer, or director ever been convicted of, or is the business entity or any owner, partner, officer, or director currently charged with, committing a crime, or had a judgment withheld or deferred, which has not been previously reported to this state?
 Yes _____ No _____

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a written statement identifying all parties involved (including their percentage of ownership),
- a copy of the charging document, and
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

B. Has the business entity or any owner, partner, officer, or director ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration, which has not been previously reported in this state? Yes _____ No _____

"Involved" means having a license censured, suspended, revoked, canceled, terminated, or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document identifying all parties involved (includes their percentage of ownership) that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

C. The undersigned registered compliance officer(s) of the business entity hereby certify, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Director of Insurance to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Director is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Director of Insurance to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and will comply with the insurance laws and regulations of Alaska to which I am applying for licensure/registration renewal.
6. **For nonresident applicants:** I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested.
7. Upon request, I will furnish the state to which I am applying, certified copies of any documents attached to this application or requested by the state.

Signature _____

Typed Name _____

Date _____