State of Alaska
Department of Commerce, Community, and Economic Development
Division of Insurance
333 Willoughby Avenue, 9th Floor State Office Building
P.O. Box 110805, Juneau, Alaska 99811-0805
(907) 465-2545
www.insurance.alaska.gov

Third-Party Administrator Instructions and Registration
Applicable only for Life Insurance, Health Insurance, or Annuities

Third-Party Administrator: means a person who for residents of this state, or for residents of another jurisdiction from a place of business in this state, performs administrative functions, including claims administration and payment, marketing administrative functions, premium accounting, premium billing, coverage verification, underwriting authority, or certificate issuance in connection with life insurance annuity, health insurance, or the provision of coverage for the cost of medical care.

If you meet the definition of a Third-Party Administrator (TPA) but only investigate and adjust claims you are not required to be registered as a Third-Party Administrator if you are licensed by the State of Alaska Division of Insurance as an independent adjuster.

Registration as a Third-Party Administrator is required if:

- the manner in which you transact Alaska risk resident insurance falls within the definition of Third-Party Administrator;
- you represent a domestic insurer or you are a resident who does not provide services to ERISA plans; or
- you represent a foreign insurer, your home state is not yet accredited by the National Association of Insurance Commissioners; or you are not licensed as a Third-Party Administrator in your home state.

In addition to the requirements set forth in the Insurance Code, the issuance of the registration is subject to the requirements of AS 25.27.244 and AS 14.43.148.

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.040(f). IF YOU WISH TO WITHDRAW YOUR APPLICATION AT ANYTIME DURING THE APPLICATION PROCESS, PLEASE CONTACT THIS DIVISION. ALL FEES REMITTED ARE NONREFUNDABLE PURSUANT TO 3 AAC 31.010.

Registration Exemptions:

A person who is an admitted insurer or an employee of an **admitted insurer,** who acts within the course and scope of that employment, and within the scope of the insurer's certificate of authority is not required to be registered under this section.

A person who performs management services for an admitted insurer is not required to be registered as a Third-Party Administrator if the person's compensation is not based on the volume of premium written and the person

(1) is a wholly-owned subsidiary of the admitted insurer;
(2) wholly owns the admitted insurer;
(3) is a wholly-owned subsidiary of the insurance holding company that owns or controls the admitted insurer;
(4) is a United States manager of the United States branch of an alien admitted insurer; or
(5) is the manager of a group, association, pool, or organization of admitted insurers that does joint underwriting if it is subject to examination by the authorized insurance regulator in the state in which the person's principal place of business is located.

A credit union or a financial institution subject to supervision or examination by federal or state banking authorities, or a mortgage lender, that performs no functions other than advancing premiums to the insurer and collecting a debt from the insured is not required to be registered as a Third-Party Administrator.

A credit card issuing company that performs no functions, including adjustment or settlement of claims, other than advancing and collecting premiums from its credit card holders who have authorized collection is not required to be registered as a Third-Party Administrator.

A person, who only provides services to bona fide employee benefit plans that are established by an employer or an employee organization, or both, for which the insurance laws of this state are preempted under the Employee Retirement Income Security Act of 1974, is not required to be additionally registered as a Third-Party Administrator if the person certifies to the director on or before February 1 of each year his/her exempt status.

The division recommends that you obtain a copy of the Alaska Statutes and Regulations to assist you in determining whether registration is required. You may locate the Alaska laws at http://www.legis.state.ak.us/basis/statutes.asp#21.03.010 and http://www.legis.state.ak.us/basis/aac.asp#3.21.

An insurer that holds a Certificate of Authority issued by the director and is in good standing under the Title 21.

TO FILE FOR EXEMPTION FOR THE THIRD-PARTY ADMINISTRATOR REGISTRATION: If under Alaska Statutes your firm is exempt from registration, you may submit the TPA Exemption form 08-243 for our determination.

Answers to Frequently Asked Questions (FAQs) are available at
http://commerce.alaska.gov/dnn/Portals/7/pub/Licensing/faq.pdf

Registration Fees (Individual or Firm – Application fees are nonrefundable (3 AAC 31.010(a))		
	Resident	**Nonresident**
Business Entity: **Third-Party Administrator** **Life, Health or Annuities ONLY**	$300.00	$300.00
Compliance Officer **All license fees are nonrefundable (3 AAC 31.010)**	$300.00	$300.00
Total	$600.00	$600.00

COMPLIANCE OFFICER INFORMATION

- Designated Compliance Officer is responsible for the actions of the firm and all representatives of the firm.
- Designated Compliance Officer must be qualified for all lines held by the registered firm.

REGISTRATION RENEWALS — FIRMS

A firm registration will be effective for two years from original date of registration issuance.
Individual compliance officer – the registration will expire on the birth date, odd/even year of birth.
A renewal notice will be mailed at least 30 days prior to the expiration of the registration.

FORM FILING REQUIREMENTS FOR THIRD-PARTY ADMINISTRATORS

- ☐ Registration Form 08-232.
- ☐ Registration Fee.
- ☐ Residents Only – One Fingerprint Card.
- ☐ Residents Only – Fingerprint Card Evaluation fee of $47.00. (Please make check payable to the Division of Insurance.)
- ☐ All basic organizational documents of the Third-Party Administrator, including articles of incorporation, articles of association, articles of organization, partnership agreement, trade name certificate, trust agreement, shareholder agreement and other applicable documents and all endorsements to the required documents.
- ☐ Bylaws, operating agreement, rules, regulations and similar documents regulating the internal affairs of the administrator.
- ☐ The names, mailing addresses, physical addresses, official positions and professional qualifications of persons who are responsible for the conduct of affairs of the Third-Party Administrator, including the members of the board of directors, members of the limited liability company or partnership, board of trustees, executive committee or other governing board or committee, the principal officers in the case of a corporation or the partners or members in the case of a partnership or association, shareholders holding directly or indirectly 10 percent or more of the voting securities of the Third-Party Administrator and any other person who exercises control or influence over the affairs of the Third-Party Administrator.
- ☐ Certified (audited) financial statements for the prior two years prepared by an independent certified public accountant that establish that the applicant is solvent, that the applicant'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.
  - If the applicant submits a consolidated statement, a consolidating worksheet for the applicant must also be included.
- ☐ A statement describing the business plan including information on staffing levels and activities proposed in this state and in other jurisdictions and provide details establishing the Third-Party Administrator's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims handling, underwriting, and record keeping.
- ☐ Identify the key personnel who supervise or have responsibility over personnel performing TPA functions
- ☐ All documents necessary to verify statements contained in or in connection with the application.
- ☐ **RESIDENTS ONLY:** Alaska examination results for parts I and II of the lines for which you are applying. Exam results are valid one year from date of exam administration.

STATE OF ALASKA
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(907) 465-2545
FAX NUMBER: (907) 465-2816
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Division use only

Batch #_____ $_____

THIRD-PARTY ADMINISTRATOR REGISTRATION

1	**NAME OF REGISTRANT**
2	List any assumed, fictitious, or trade names under which you are doing business, are currently doing business or intend to do business. Alaska Statute (AS) 21.27.010(d) **states "a licensee may not use a fictitious or alias unless the licensee's legal name and fictitious or alias are on the license."** _____

3	**LINES OF AUTHORITY** **L –** Life **H –** Health **V –** Variable	L	H	V* (see #4)

4 *If applicable, FINRA Individual Firm Central Registration **Depository (CRD) Number**

Business Physical Address	City	State	Zip or Foreign Country
Mailing Address	P.O. Box	City	State	Zip or Foreign Country
Telephone Number	Fax Number	Business Web Site Address	Business E-mail Address

IF REGISTRANT IS AN INDIVIDUAL, GO TO PART II

5 Check the legal business type, license class(es) and line(s) of authority for which you are applying. Check the last column if you have been previously licensed in Alaska:

Legal Business Type **C –** Corporation **P –** Partnership **S –** Sole Proprietorship
LLC – Limited Liability Corporation **LLP –** Limited Liability Partnership

Legal Business Type					Incorporation/Formation Date	FEIN	State of Domicile	Country of Domicile
C	P	S	LLC	LLP	(month)____(day)____(year)_____			

6 **OWNERS, PARTNERS, OFFICERS, DIRECTORS, OR MEMBERS**

Identify all owners, with 10% interest or voting interest, partners, officers, and directors of the business entity, or members or managers of a limited liability company:

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

Name _____ Title _____ SSN _____ DOB_____

7	DESIGNATED/RESPONSIBLE COMPLIANCE OFFICER LICENSEE
	Identify the Designated/Responsible Compliance Officer Licensee (must complete all of Part II) Name _____ Alaska License No. _____ ☐ Application Attached
8	**HAS THE FIRM OR COMPLIANCE OFFICER EVER BEEN LICENSED/REGISTERED IN ALASKA?** ☐ Yes ☐ No If yes, give date last licensed/registered, type of license/registration, and license/registration number. _____

PART II

COMPLETE FOR THE COMPLIANCE OFFICER TO BE LISTED ON THE FIRM REGISTRATION OR FOR AN INDIVIDUAL REGISTRANT.

9

Social Security Number	If applicable, NASD Individual Central Registration Depository (CRD) Number (for variable authority)	Are you affiliated with a financial institution/bank? Yes ☐ No ☐

Last Name JR./Sr. etc.	First Name	Middle Name	Date of Birth month_____ day_____ year_____

Residence/Home Address (Physical Street)	P.O. Box	City	State	Zip or Foreign Country

Home Phone Number	Gender (circle one) Male Female	Are you a citizen of the United States (check one) Yes ☐ No ☐ (If No, of which country are you a citizen?) (If No, and you are applying for a resident registration you must supply proof of eligibility to work in the U.S.)
Home E-mail Address		

Name of Business Entity (Firm)				
Business Physical Address	City	State	Zip	Business Email
Business Mailing Address	P.O. Box	City	State	Zip
Business Phone Number	Business Fax Number			

10

Education and Training

A. List here all college education and training. A "major" means at least 24 semester hours of college course work, at least 16 of which are upper division level, in the areas of emphasis.

College, University, Graduate School Name and Location of School	Dates Attended	Major or Subjects Taken	Degree Year	Did You Graduate	Office Use Only
	From: To:			☐ Yes ☐ No	
	From: To:			☐ Yes ☐ No	
	From: To:			☐ Yes ☐ No	

B. List here any professional occupational, certificates, or registrations and vocational licenses issued by any private organizations or governmental licensing agency or regulatory authority, which you presently hold or have held in the past.

TITLE	ISSUING ORGANIZATION	DATE OBTAINED

11 EMPLOYMENT HISTORY

Account for all time for the past ten years. Give all employment experience starting with your current employer working back ten full years. Include full and part-time work, self-employment, military service, unemployment and full-time education, accounting for the filling five years time **without gaps.** Attach a separate piece of paper, if necessary.

	From		To		Position Held
	Month	Year	Month	Year	
Name					
City State					
Name					
City State					

12

Will a fiduciary account be maintained? ☐ Yes ☐ No If NO, please explain in detail, how you will be in compliance with AS 21.27.650(a)(5)(D).

Please indicate location of the fiduciary account(s) and the fiduciary account number(s). A SEPARATE FIDUCIARY ACCOUNT MUST BE MAINTAINED FOR EACH INSURER REPRESENTED.

Bank		Account Number
City	State	Zip Code

13

Present employer may be contacted. ☐ Yes ☐ No If no, please explain _____

Former employers may be contacted. ☐ Yes ☐ No

14

a. Have you ever been in a position which required a fidelity bond? ☐ Yes ☐ No

If any claims were made to the bond, give details: _____

_____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? ☐ Yes ☐ No

If yes, give detail: _____

15

During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by a governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? ☐ Yes ☐ No

If yes, give details: _____

_____

16

List any insurers, reinsurer, agents, brokers, or reinsurance intermediaries in which you are a partner or control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____

_____

If any of the stock is pledged or hypothecated in any way, give details: _____

_____

If you determine that you are a controlling insurance producer, you must comply with AS 21.27.

17

List any group, association or other organization of insurers which engages in joint underwriting or joint reinsurance with which you are affiliated and identify the companies that are members. _____

_____

_____

18

Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurance related organization which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? ☐ Yes ☐ No

If yes, **give** details: _____

19 BACKGROUND INFORMATION

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes ___ No___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes ___ No___

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A___ Yes___ No___

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A___ Yes ___ No___

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes ___ No___

NOTE: For Questions 1a, 1b, and 1c "**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 no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
b) a copy of the charging document,
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Yes ___ No___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned 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 or registration. "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.

BACKGROUND INFORMATION (Continued)

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

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

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. N/A___ Yes ___ No___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No___

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

a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No___

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

a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A___ Yes ___ No___

If you answer yes:

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes ___ No___

20 CERTIFICATION AND ATTESTATION

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 to civil or criminal penalties.

2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Director of Insurance to be its agent for service of process regarding all insurance matters and agree that service upon the Alaska Director of Insurance is of the same legal force and validity as personal service upon the firm or myself.

3. I grant permission to the Director of Insurance for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

4. I authorize the State of Alaska to give any information it may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska 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 am familiar with the Alaska insurance laws and regulations.

6. No representatives acting on behalf of this firm have been convicted of any felony involving dishonesty or breach of trust (18 USC 1033) for which written consent by an insurance official has not been granted.

7. For non-resident license applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested for the non-resident state.

8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I'm/we're applying, certified copies of any documents attached to this application or requested by the jurisdiction.

Must be signed and dated by applicant.

_____
Signature of Applicant

_____
Type or Printed Name of Applicant

_____
Month/Day/Year

PART III

THIS SECTION MUST BE COMPLETED BY EACH INSURER UNDER CONTRACT WITH THE THIRD-PARTY ADMINISTRATOR.

1	Name of Insurer: _____ NAIC group and company number: _____
2	Name and address of Third-Party Administrator to whom authority is delegated: _____ _____
3	Who is the Designated Responsible Person (Compliance Officer) of the Third-Party Administrator? _____
4	Term of Contract? Beginning Date: _____ Ending Date: _____
5	For what classes of business has authority been extended? ☐ Life ☐ Health ☐ Variable Annuity ☐ Variable Life ☐ Credit
6	Does the contract termination clause comply with AS 21.27.650(a)(5)(A)? ☐ Yes ☐ No
7	Is the contract subject to a retrospective compensation clause? ☐ Yes ☐ No
8	Will the TPA provide written notice approved in writing by the insurer, to a covered person advising the person of the identity of the insurer and the relationship between the TPA, the policyholder, and insurer? ☐ Yes ☐ No
9	Does the contract specify the following: (Indicate where in the contract to the right of the question.) ☐ Yes ☐ No Establish of the responsibilities of each party for a particular function and the division of responsibilities. _____ ☐ Yes ☐ No Termination of the contract for cause upon written notice, sent certified mail, and the right to suspend the underwriting authority during any dispute for cause of termination. _____ ☐ Yes ☐ No Remission of all money due, detailing transactions at least monthly. _____ ☐ Yes ☐ No Compliance with all applicable fiduciary account statutes and regulations. _____ ☐ Yes ☐ No Use of the fiduciary account for all payments on behalf of the insurer. _____ ☐ Yes ☐ No Limitation on retaining estimated claim payments and allocated loss adjustment expenses. _____ ☐ Yes ☐ No Maintenance of separate records for the insurer, and the insurer having the right to audit and copy all accounts and records related to the insurer's business. _____ ☐ Yes ☐ No Statement that the contract may not be assigned in whole or in part. _____
10	If the Third-Party Administrator has **underwriting authority,** complete all questions in number 11. If not, proceed to question 12. (Indicate where in the contract to the right of the question.) Does the contract specify the Third-Party Administrator's: ☐ Yes ☐ No Maximum annual and premium volume. _____ ☐ Yes ☐ No The rating system and basis of the rates to be changed. _____ ☐ Yes ☐ No The types of risks that may be written. _____ ☐ Yes ☐ No The maximum limits of liability. _____ ☐ Yes ☐ No Applicable exclusions. _____ ☐ Yes ☐ No Territorial limitations. _____ ☐ Yes ☐ No Policy cancellation provisions. _____ ☐ Yes ☐ No The maximum policy term. _____ ☐ Yes ☐ No That the insurer shall have the right to cancel or not renew a policy of insurance subject to applicable state law. _____

11	If the Third-Party Administrator has authority to **settle claims** on behalf of the insurer, complete all questions in number 12. If not, proceed to question 13. (Indicate where in the contract to the right of the question.) Does the contract specify the Third-Party Administrator's: ☐ Yes ☐ No Written settlement authority which may be terminated for cause upon written notice, sent certified mail, and the right to suspend settlement authority during any dispute for cause of termination. _____ ☐ Yes ☐ No Require claims to be reported to the insurer within 30 days. _____ ☐ Yes ☐ No Specify that claim files are the property of both the insurer except upon an order of liquidation of the insurer, the Third-Party Administrator shall have reasonable access to and the right to copy the files on a timely basis. _____ ☐ Yes ☐ No Require that a copy of the claim file be sent upon insurer request or when claim exceeds an amount set by the director or the insurer, whichever is less, involves a coverage dispute, may exceed the Third-Party Administrator's claim authority, is open for more than six months, involves extra contractual allegations, or is closed by payment in excess of an amount set by the director or an amount set by the insurer, whichever is less. _____ ☐ Yes ☐ No Compliance with the unfair claims settlement statutes and regulations. _____ ☐ Yes ☐ No Transmission of electronic data at least monthly if electronic claims files are in existence. _____ ☐ Yes ☐ No Does this contract provide for commissions, fees, or charges contingent upon savings obtained in the adjustment, settlement, and payment of losses covered by the insurer's obligations (except for performance-based compensation for providing hospital or other auditing services or compensation based on premiums or charges collected or the number of claims paid or processed)? _____
12	If the contract has a provision for **sharing interim profits,** complete all of question 13. If not, proceed to question number 14. (Indicate where in the contract to the right of the question.) ☐ Yes ☐ No Does the Third-Party Administrator have authority to determine the amount of the interim profits by: establishing loss reserves; controlling claims payments; or any other manner. _____
13	When the services of the TPA are utilized, will the TPA provide a written notice, approved in writing by the insurer, to a covered person advising the person of the identity of the insurer and the relationship between the TPA, the policyholder, and insurer? ☐ Yes ☐ No
14	Does the Third-Party Administrator currently with or without authority, either separately or with affiliates, directly or indirectly produce or underwrite an amount of gross written premium equal to or more than 5% of the policyholder's surplus in a quarter or year, as reported in the insurer's annual statement. ☐ Yes ☐ No Will the Third-Party Administrator annually provide to the insurer a copy of certified financial statements prepared each year by an independent certified public accountant? ☐ Yes ☐ No If yes, is a copy of the last Certified Financial Statement report enclosed? ☐ Yes ☐ No If no to either question, please explain: _____ _____ _____ _____ Name _____ Title by _____ Signature (insurer) (INSURER SEAL OR NOTARY SEAL) (In lieu of corporate seal notarization is required)