

ALASKA DIVISION OF INSURANCE  
333 WILLOUGHBY AVENUE, 9TH FLOOR  
P.O. BOX 110805  
JUNEAU, AK 99811-0805  
TELEPHONE: (907) 465-2545 FACSIMILE: (907) 465-2816  
Website: [insurance.alaska.gov](http://insurance.alaska.gov)  
**THIRD PARTY ADMINISTRATOR EXEMPTION FILING FORM**

Alaska Statute (AS) 21.27.630 requires that a person who acts as, or represents to be, a Third-Party Administrator (TPA) in this state or relative to a subject resident, located, or to be performed in this state, is registered in this state.

“Third-Party Administrator” means a person who, for residents of this state, or for residents or 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, and certificate issuance in connection with **life insurance, annuities, health insurance, or a provision of coverage for the cost of medical care.** (AS 21.97.900)

Applications not completed within four months from the date filed will be considered withdrawn and a new application will be required. (AS 21.27.040(f))

A. For insured plans, a person may qualify for exemption under AS 21.27.650, if the applicant:

- represents only a foreign insurer; and
- is registered/licensed as a TPA by its home state; and
- is licensed as a resident, and its home state is accredited by the National Association of Insurance Commissioners (NAIC); and
- is from a state that has enacted provisions substantially similar to those contained in Alaska law.

B. If a person acts as a TPA for an insurer within the insurer’s holding company system, the person may qualify for exemption under AS 21.27.630(f), which states:

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 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.

C. For self-insured plans, AS 21.27.630(a) and (i) states:

(a) A person may not act as or represent to be a Third-Party Administrator in this state or relative to a subject resident, located, or to be performed in this state, unless registered under this chapter or in another jurisdiction under AS 21.27.650. A person may not act as or represent to be a Third-Party Administrator representing an insurer domiciled in this state regarding a risk located outside this state unless registered by this state under the provisions of this chapter.

(i) 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 (ERISA), 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 of its exempt status.

D. If the person is an Alaska admitted insurer, a person qualifies for exemption from the TPA registration requirement under AS 21.27.630(k).

**FILING REQUIREMENTS**

It is statutorily-required for a person to file for exemption with our office. (AS 21.27.650(a)(2))

**TO CLAIM EXEMPTION UNDER A. ABOVE**

- √ TPA EXEMPTION FILING FORM
- √ CERTIFICATE OF LICENSE STATUS that identifies that the applicant is licensed/registered as a TPA in their home state; or if certification is not available from the home state, a letter from the insurance regulator that indicates that the applicant has been granted authority to transact business as a TPA indicating the statutory authority.
- √ \$100 Filing Fee

**TO CLAIM EXEMPTION UNDER B. ABOVE**

- √ TPA EXEMPTION FILING FORM.
- √ Provide a notarized statement indicating that their compensation is not based on the volume of premium written, and a copy of the most recently filed Form B filed with the insurance department of the related insurer’s domestic state. Form B is a requirement of the Holding Company Act, which is a part of statute in all states.
- √ \$100 Filing Fee

**TO CLAIM EXEMPTION UNDER C. ABOVE**

- √ TPA EXEMPTION FILING FORM
- √ In order to claim exemption under AS 21.27.630(i), you must submit a copy of the letter from the United States Secretary of Labor exempting your plan.
- √ \$100 Filing Fee

**TO CLAIM EXEMPTION UNDER D. ABOVE**

- √ TPA EXEMPTION FILING FORM
- √ \$100 Filing Fee

### THIRD PARTY ADMINISTRATOR EXEMPTION FILING FORM

<b>1</b>	<b>APPLICANT NAME</b> _____																																									
<b>2</b>	<b>DBA/TRADE NAME (if applicable)</b> _____																																									
<b>3</b>	<b>TYPE OF BUSINESS</b> 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:  <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><b>Legal Business Type</b></td> <td style="width: 20%;">C – Corporation</td> <td style="width: 20%;">P – Partnership</td> <td style="width: 20%;">S – Sole Proprietorship</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>LLC – Limited Liability Corporation</td> <td></td> <td>LLP – Limited Liability Partnership</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th colspan="5" style="text-align: left; padding: 2px;">Legal Business Type</th> <th style="text-align: center; padding: 2px;">Incorporation/Formation Date</th> <th style="text-align: center; padding: 2px;">FEIN</th> <th style="text-align: center; padding: 2px;">State of Domicile</th> <th style="text-align: center; padding: 2px;">Country of Domicile</th> </tr> <tr> <td style="text-align: center; padding: 2px;">C</td> <td style="text-align: center; padding: 2px;">P</td> <td style="text-align: center; padding: 2px;">S</td> <td style="text-align: center; padding: 2px;">LLC</td> <td style="text-align: center; padding: 2px;">LLP</td> <td style="text-align: center; padding: 2px;">(month)____(day)____(year)_____</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>					<b>Legal Business Type</b>	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)_____												
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<b>7</b>	Identify under what provision exemption is sought:  <input type="checkbox"/> <b>Option A</b> The firm represent only foreign insurer(s) as an TPA; and The firm is currently licensed as an TPA in its home state of _____; and _____ is accredited by the National Association of Insurance Commissioners _____ Home State _____ has enacted provisions substantially similar to those contained in Alaska law. _____ Home State  <input type="checkbox"/> <b>Option B</b> As compliance officer, I certify that the firm's compensation is not based on the volume of premium written; and  1. <input type="checkbox"/> the firm is a wholly-owned subsidiary of the admitted insurer; 2. <input type="checkbox"/> the firm wholly owns the admitted insurer; or 3. <input type="checkbox"/> the firm is a wholly-owned subsidiary of the insurance holding company subject to AS 21.22 that owns or controls the admitted insurer. Attached most recent Form B filed in the related insurer's domestic state of _____.  <input type="checkbox"/> <b>Option C</b> As compliance officer, I certify that the company administers business on behalf of an entity that has filed its plan with the United States Secretary of Labor.  <input type="checkbox"/> <b>Option D</b> As compliance officer, I certify that the company is an admitted insurer in the State of Alaska.																																									

<b>8</b>	<b>FOR INSURED PLANS ONLY</b>	
	Provide the name and NAIC co-code number of all insurers you represent as a TPA in this state. If the insurer is domiciled in a state not accredited with the National Association of Insurance Commissioners (NAIC), a copy of the executed contract must be provided.	
	Name	NAIC Co-Code #
<b>9</b>	<b>FOR SELF-INSURED PLANS ONLY</b>	
	I certify that _____ performs claims administration, premium accounting, or premium billing for residents of this state for only 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 ERISA.	
	Plan Names	Location
<b>10</b>	<b>KEY EMPLOYEES</b>	
	Identify the key personnel who supervise or have responsibility over personnel performing TPA administrative functions. A listing may be attached.	
<b>11</b>	<b>BACKGROUND INFORMATION</b>	
	Please read the following very carefully and answer every question:	
	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, been convicted of, or is currently charged with, committing a misdemeanor or had a judgment withheld or deferred for a misdemeanor which has not been previously reported to this insurance department?	<input type="checkbox"/> Yes <input type="checkbox"/> 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, or is currently charged with committing a felony or had a judgment withheld or deferred for a felony which has not been previously reported to this insurance department?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N
	If so, was consent granted? (Attach copy of 1033 consent approved by home state.)	<input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N
	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 or is currently charged with a military offense which has not been previously reported to this insurance department?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	
	<b>If you answer yes to any of these questions, you must attach to this application:</b>	
	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 documents which demonstrates the resolution of the charges or any final judgment.	

## BACKGROUND INFORMATION (continued)

2. Has the firm or any owner, partner, officer, director, manager, or member of a limited liability company ever been involved 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, 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 or registration. "Involved" also means having a license or registration 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) a written statement identifying the type of license 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 documents which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or the firm or any owner, partner, officer, director, manager, or member 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.

Yes  No

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

4. Have you or the firm or any officer, director, manager, or member 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

5. Has the firm or any owner, partner, officer, director, manager, or member of a limited liability company 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 or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the firm or any owner, partner, officer, director, manager, or member 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.

**CERTIFICATION AND ATTESTATION**

I 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 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 me.
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 (18U.S.C.1033) that written consent by an insurance regulatory official has not been granted.
7. Upon request, I /We will furnish the jurisdiction to which we are applying, certified copies of any documents attached to this application or requested by the state.

**Must be signed by the Compliance Officer**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Type or Printed Name