

ALASKA DIVISION OF INSURANCE  
 333 WILLOUGHBY AVENUE, 9TH FLOOR  
 P.O. BOX 110805  
 JUNEAU, AK 99811-0805  
 TELEPHONE: (907) 465-2515 FACSIMILE: (907) 465-2816

**THIRD PARTY ADMINISTRATOR QUARTERLY FILING FORM**

Alaska Statute 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.

Alaska Statute 21.27.650(a)(3) requires the TPA to provide to the Director **January 1, April 1, July 1, and October 1** of each year:

- ✓ a list of current employees, identifying those transacting business in this state or upon a subject resident, located, or to be performed in this state;
- ✓ a list of current insurers under contract; and
- ✓ any other information the director may require.
- ✓ The completed form can be faxed to the number shown above or submitted to [insurance@alaska.gov](mailto:insurance@alaska.gov)

<b>1</b>	<b>THIRD PARTY ADMINISTRATOR NAME</b>			FEIN	
<b>2</b>	Business Physical Address		City	State	Zip or Foreign Country
	Telephone Number	Fax Number	Business Website Address		Business E-mail Address
	Mailing Address	P.O. Box	City	State	Zip or Foreign Country
<b>3</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.				
	Insurer			NAIC Co-Code #	
	Insurer			NAIC Co-Code #	
	Insurer			NAIC Co-Code #	
	Insurer			NAIC Co-Code #	
<b>4</b>	<b>EMPLOYEES</b>				
	Identify the key personnel who supervise or have responsibility over personnel performing TPA administrative functions. A listing may be attached.				
<b>5</b>	Signature of Compliance Officer			Printed Name	