ALASKA DIVISION OF INSURANCE

333 Willoughby Avenue, 9th Floor P.O. Box 110805 Juneau, AK 99811-0805 Telephone: (907) 465-2515 Email: InsuranceLicensing@Alaska.Gov

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 Third-Party Administrator 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; and
- a list of current insurers under contract; and any other information the Director may require.

The completed form can be submitted to: insurancelicensing@alaska.gov

1	FILING PERIOD	January 1	Ap	pril 1 Ju	ly 1	October 1
2	THIRD-PARTY ADMINISTRATOR NAME					FEIN
	Business Physical Address		City		State	ZIP or Foreign Country
	Mailing Address		City		State	ZIP or Foreign Country
	Telephone Number	Fax Number	Business I	Email Address		
3	FOR INSURED PLANS ONLY					
	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				1	NAIC Co-Code #
4	EXEMPTIONS Check exemption type:					
	(A) AS 21.27.650 — Home State Registration (B) AS 21.27.630(f) — TPA of an Insurer					
	(C) AS 21.27.630(a) — ERISA* (D) AS 21.27.630(k) — Admitted Insurer					
	If the firm does not carry an exempt registration, leave blank. *ERISA TPA's should not file quarterly filings. Instead, the <u>ERISA Exemption Form</u> is required annually before Feb 1					
5	PBM Are you a Pharmacy B	enefits Manager as defi	ned in AS 21	.27.901-955?		Yes No
6	EMPLOYEE LIST					
	Attached is an organizational chart identifying the key personnel who supervise or have responsibility over personnel performing TPA administrative functions.					
7	FAILURE TO FILE I understand that failure to timely file violates AS 21.27.650(a)(3) and risks penalty against this registration.					
8	SIGNATURE OF COM	PLIANCE OFFICER		PRINTED NAME		