

Work Unit # _____

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
THIRD PARTY ADMINISTRATOR'S TRANSMITTAL FORM**

To be eligible for a license the Administrator must provide updated, current and accurate records of the following information to be reviewed and maintained in our confidential files at all times. Each item listed below must be provided annually. NCGS 58-56-51 requires information in our TPA files to be held CONFIDENTIAL

1. _____ Application for Administrator's License Form *TPAAPP*.
2. _____ **A list of the TPA officials' names and positions, along with a the name contact information and current email of the Compliance person is required each year.** A completed Biographical Affidavit for Administrators Form *TPABIO* for each individual responsible for the conduct of affairs of the TPA, including all (i) members of the board or directors, board of trustees, executive committee, or other governing board or committee, (ii) the principal officers in the case of a corporation or the partners or members in the case of a partnership or association, (iii) all shareholders holding directly or indirectly 10 percent (10%) or more of the voting securities of the TPA, and (iv) any other person who exercises control or influence over the affairs of the TPA. **If any individual has previously filed a Biographical Affidavit with us and has resigned, retired or been terminated for cause (provide brief description of cause for termination) since the administrator's latest filing, provide a notice of such including the effective date of his/her departure.**
3. _____ Bylaws, rules, regulations, or similar documents regulating the internal affairs of the TPA.
4. _____ If the TPA contracts with one or more insurers, provide list of the insurers the TPA is contracted with along with the insurer's contact information. A certification from an Officer of your company must be provided to the effect that there is a written agreement between the TPA and the insurer as required by NCGS 58-56-6. **A copy of the actual Administrative Agreement is not required but a list of each insurer that you have an agreement with NC residents involved, must be provided.** . A copy of the signed Administrative Agreement must be provided to the NC Department of Insurance immediately upon our request. NCGS 58-56-51(b) requires information in our TPA files to remain confidential.
5. _____ All organizational documents of the TPA, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreements, or any other applicable documents. Include all amendments made to these documents.

6. _____ Annual financial statements or reports for the two most recent fiscal years that prove that the applicant is solvent and any other information that the Commissioner may require in order to review the current financial condition of the applicant. Financial statements must include a Balance Sheet, a Statement of Income, and a Statement of Cash Flows and must be presented in the form of an audit, a review, or a compilation prepared by an independent certified public accountant. For a new or “start up” Administrator, an inception to date balance sheet certified by an independent CPA is required.

Consolidated Financial statements of the Administrator’s parent company are acceptable if such include a break out of the Administrator’s financials, and the certified public accountant’s opinion letter does not disclaim association with the consolidating schedules.

7. _____ A narrative discussing the internal controls over company operations and administered plans addressing the applicable topics outlined in the Administrator’s Internal Control Form *TPAICT*.

8. _____ A general description of the business operations including information on staffing levels and activities proposed in this State and nationwide. The description must provide details setting forth the TPA’s capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, record keeping, and underwriting.

9. _____ If the applicant will be managing the solicitation of new or renewal insured business, evidence that it employs or has contracted with an agent licensed by this State for soliciting and taking applications. Any applicant that intends to directly solicit insurance contracts or to otherwise act as an insurance agent must provide proof that they hold a license, and copies of their Certificates of Completion for all continuing education courses attended during the past year as evidence that the agent’s North Carolina license will be renewed.

10. _____ Administrator Questionnaire Form *TPAQSN*.

11. _____ Executed copy of the Administrator’s Power of Attorney Forms *TPAPOA* and *TPAPP*, if the Administrator is a Partnership. (Note: These forms are to be completed by **NON-DOMESTIC COMPANIES ONLY**.)

12. _____ Each application for a license shall be made upon a form prescribed by the Commissioner and shall be accompanied by a nonrefundable filing fee of Three hundred dollars (**\$300.00**). The filing fee shall be mailed to the Mail Service Center or Street address at the bottom of this Transmittal.

13. _____ Evidence of current maintenance of errors and omissions liability insurance or other security, of a type and in an amount to be determined by rules of the Commissioner.

14. _____ Non-domestic Administrators must provide a copy of the TPA license/certificate/registration from their domestic state **which has a current date**. If the date is not current, provide a letter of good standing for your TPA License, from your domestic state's Department of Insurance.
15. _____ If this package is submitted by someone other than the Administrator, provide a copy of the written appointment by the board of directors or an authorization signed by an officer of the Administrator which enlists and authorizes the attorney or firm to act on behalf of the TPA.

Instructions

This transmittal should be completed and attached as a cover page for the Licensure package. All forms and fee shall be submitted together.

 Issued In The Name Of

 Signature of Preparer

 Date

 Address

 Telephone Number

 Fax Number

 E-Mail Address**

***This email address may be the Preparer's email rather than the licensee's email that is required by NCGS 58-2-69(b).*

MAIL Filing Fee To

**Life and Health Division/
 Third Party Administrator Unit
 North Carolina Department of Insurance**
for Overnight Delivery Only
1201 Mail Service Center 3200 Beechleaf CT. 3rd FL
Raleigh, NC 27699-1201 Raleigh, NC 27604

**See TPA License Renewal ShareFile Instructions
 for Filing the TPA License Application.**
L&H Email: LHinbox@ncdoi.gov
L&H Telephone - 919-807-6055

FORM MAY BE DUPLICATED WITHOUT MODIFICATION