

STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
THIRD PARTY ADMINISTRATOR REGISTRATION

WU# _____
(NCDOI Assigned)

Company FEIN# _____

Name of Individual, Corporation, or Partnership _____

Physical Address Street _____

City _____ State _____ Zip _____

and, with offices as indicated herein, does hereby register to act as a Third Party Administrator pursuant to North Carolina General Statute Chapter 58, Article 56.

The above entitled Administrator hereby certifies that:

1. The applicant has not had a previous application for an insurance license denied for cause within the past five (5) years;
2. The applicant has not had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state, nor has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action;
3. The applicant has not had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as an Administrator;
4. The applicant has not been declared insolvent or discharged from bankruptcy within the past five(5) years;
5. Neither the applicant nor any of its officers, directors or managers have been convicted of, or pleaded guilty or nolo contendere to a charge of crime involving fraud, dishonesty, or moral turpitude in any jurisdiction, or violation of any insurance statute or administrative rules;
6. The applicant has not had an insurance company cancel an administrative services agreement for any financial reason other than non-production;

7. The applicant will administer its business in conformance with all provisions of North Carolina General Statute 58, Article 56, "Third Party Administrators";

Mailing Address:

Contact Person: _____

Telephone Number: _____

Email of Contact Person _____

Company's Email: _____

Section I. General Information

1. Indicate the Administrator's legal structure.

_____ Corporation
_____ Partnership
_____ Sole Proprietor
_____ Joint Venture
_____ Other _____

2. List any affiliated companies and indicate their relationship with the Administrator (Parent, Subsidiary, etc.).

3. Is the Administrator **CURRENTLY** providing services in regards to North Carolina residents?

4. Does the Administrator have a corporate seal? _____ If yes - Seal here

Section II. Financial Compliance Information

1. Indicate the Administrator's fiscal year-end. _____

2. Is the Administrator a publicly held company? _____

3. Is the Administrator a subsidiary of a publicly held company? _____

4. Is the Administrator an affiliate of a publicly held company? _____

Section III. Services Provided by the Administrator

1. Specify services provided by the Administrator.

2. Does the Administrator provide services for fully-insured plans, self-funded plans or both?

3. Does the Administrator provide services for Multiple Employer Welfare Arrangements (MEWA) or Multiple Employer Trusts (MET)?

4. Specify those MEWAs or Mets for which services are provided by the Administrator.

5. Identify the participating employer groups of each MEWA or MET.

6. Does the Administrator contract directly or indirectly with medical providers for the provision of health care services?

7. List each insurance company for which services are provided by the Administrator (Attach list if necessary) .

8. Provide the name & address of each self-funded group for which services are provided by the Administrator.

9. Name of insurance company which provides Errors & Omissions coverage for the Administrator.

10. Registered or licensed as an Administrator in the following states:

The applicant has executed this application; and knows the contents thereof and attachments thereto; to the best of his knowledge and belief, the statements made in said application and in any rider attached thereto are true, correct and complete in every material respect and do not contain any statement which, under the circumstances under which is made, would be false, or would tend to be misleading in respect to any material fact; and has read and understands the applicable insurance laws of the State of North Carolina.

If Corporation:(adapt for LLC)

(President)_____

(Please type name beside signature)

(Secretary)_____

(Please type name beside signature)

If Partnership:

(Partner)_____

(Please type name beside signature)

(Partner)_____

(Please type name beside signature)

If Individual:_____

(Please type name beside signature)

Prepared by: _____

Attach letter of appointment

Title:_____

Signature of Preparer: _____

Date Prepared: _____

The Application or Letter of Certifying Renewal should be Sent
Electronically to LHInbox@ncdoi.gov

**Life and Health Division
Third Party Administrator Unit
North Carolina Department of Insurance
919-807-6057**