

DOI # _____

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
THIRD PARTY ADMINISTRATOR REGISTRATION
TRANSMITTAL SHEET**

INSTRUCTIONS

To be eligible for Registration as an Administrator you must submit each of the items listed below:

1. Application for Administrator's Registration TPAREGAPP. Including, The name and contact information, included email address, of a contact person at the TPA.
2. 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.
3. Any other pertinent information required by the rules of the Commissioner.
4. **Provide the name and email address of the preparer of the registration application** that we may contact if we have questions pertaining to this application. This email may be different from the company email requested on the application for North Carolina Department of Insurance Contact purposes.

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

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

Contact Our Office By Email or Telephone, If You Have Any Questions.