



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation - Insurance Division
1511 Pontiac Avenue, Bldg. 69-2
Cranston RI 02920
Telephone No. (401) 462-9520
www.dbr.state.ri.us

FAX No. (401) 462-9602
TDD No. 711

Annual Registration for Third Party Administrators Exempt from Certification due to ERISA

Only Administrators required to register under R.I. Gen. Laws § 27-20.7-12(g) should complete this form [below]. Do not use this form to apply for a Third Party Administrator Certificate of Authority.

R.I. Gen. Laws § 27-20.7-12(g)

A person is not required to hold a certificate of authority as an administrator in this state if the person exclusively provides services to one or more bona fide employee benefit plans each of which is established by an employer or an employee organization, or both, and for which the insurance laws of this state are preempted pursuant to the Employee Retirement Income Security Act of 1974 [29 U.S.C. § 1001 et seq.]. These persons shall register with the commissioner annually, verifying their status as described in this section.

To the Director of Business Regulation of the State of Rhode Island, I (we) hereby register:

Registrant Name: \_\_\_\_\_

FEIN or SSN: \_\_\_\_\_

Applicant is a(n) [ ] individual [ ] corporation [ ] partnership [ ] other (specify) \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Address (if any) in Rhode Island: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I (We) affirm that the above administrator functions with respect to Rhode Island only as provided in the above provision of Rhode Island law and that it performs no functions that would require a Rhode Island Third Party Administrator Certificate of Authority.

Signature(s) \_\_\_\_\_ , \_\_\_\_\_

Printed Name(s) \_\_\_\_\_ , \_\_\_\_\_

Title(s) \_\_\_\_\_ , \_\_\_\_\_

Date \_\_\_\_\_

Mail or express completed application, including attachments, to:

Third Party Administrator Registration
Insurance Division
1511 Pontiac Avenue, Bldg. 69-2
Cranston, RI 02920

For acknowledgement of receipt of this registration form, send two signed originals and enclose a self addressed, postage-paid return envelope. One of the forms will be stamped "received" and returned in the envelope provided.