



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

THIRD PARTY ADMINISTRATOR ANNUAL REPORT FOR 2009

For (please print licensed business entity name): _____

Currently Licensed as (please check): Certificate of Authority _____ or Waiver _____

1. In compliance with Rhode Island General Law 27-20.7-14 the following information must be submitted on or before March 1 of each year.

A. Annual Filing Fee of \$150.00, make check payable to the "General Treasurer - State of Rhode Island" and remit to RI Department of Business Regulation, Insurance Division, Attn: TPA Compliance Section, 1511 Pontiac Avenue, Bldg. 69-2, Cranston, RI 02920.

B. Company Information as follows:

- 1. State of Domicile
2. Physical Location Address
3. Mailing Address (If different)
4. Federal Identification Number
5. E-mail
6. Phone Number
7. Fax Number

2. If your company holds a Certificate of Authority, indicate the changes to items on the list below and attach certified copies of the replacement documents for changes. If your company holds a Waiver Certificate, indicate changes to the items on the list below and attach a letter on company letterhead describing the changes.

Table with 4 columns: Item ID, Change, No Change, and Description. Rows include Articles of Incorporation, By-Laws, Listing of Officers and Directors, Biographical for each Officer, Director, Partner, or Sole Proprietor, Ownership Information, and Narrative Description of TPA.



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

3. Summary of plans Administered in RI during preceding year:

Table with 2 columns: Number (A-F) and Type of Plan (Fully Insured, Self-Funded Non-ERISA, Self-Funded ERISA, Cafeteria, Annuity, Pharmacy).

4. In compliance with Rhode Island General Law 27-20.7-14, attach a letter including the complete names and addresses of all insurers with which the administrator had an agreement during the preceding fiscal year.

5. We hereby certify that, all of the information required for the issuance of a Certificate of Authority to do business as a Third Party Administrator continues to be true and correct to the best of my knowledge and belief.

Signature(s) _____ , _____

Printed Name(s) _____ , _____

Title(s) _____ , _____

State of _____
County of _____

State of _____
County of _____

On the ___ day of _____, 2_____,
_____ personally
appeared before me and or known by me to be the
party executing the foregoing instrument, subscribed and
sworn said instrument.

On the ___ day of _____, 2_____,
_____ personally
appeared before me and or known by me to be the
party executing the foregoing instrument, subscribed and
sworn said instrument.

Notary
(Seal)

Notary
(Seal)