



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
1511 Pontiac Ave Bldg 69-2
Cranston, R.I. 02920
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TDD No. 711

Third Party Administrator
Surrender and Voluntary Clearance Request Form

Form with fields for Name, Address, City, Phone Number, Federal ID No., State of Domicile, State & Zip Code, Fax Number, and Requested Date of Inactive Status.

- 1. As per RIGL 27-20.7-3 and 27-20.7-12(e) A certificate of authority issued under this section shall remain valid, unless surrendered, suspended or revoked by the commissioner, for so long as the administrator continues in business in this state and remains in compliance with this chapter.
2. A Third Party Administrator who has been granted inactive status must notify each insurer with which he or she is registered with no later than ten days after inactive status is granted.
3. Surrendered licenses(s) may not be reinstated. To receive a new Certificate an individual must comply with the pre-licensing requirements for Third Party Administrator.
4. Seven (7) MANDATORY QUESTIONS TO BE COMPLETED: (If additional space is required please attach those sheets to this form.)

Numbered list of four questions: 1. Reason for surrendering License in Rhode Island? 2. What is your plan for phasing out RI Business? 3. What are the future plans of the company? 4. Do you have and legal disputes with customers or clients in Rhode Island? If so what are they?

<b>5</b>	Of your RI business, what was it breakdown? _____ _____
<b>6</b>	For Rhode Island Third Party Administrators holding any money from Rhode Island entities, you must explain how you will be disposing of such money. _____ _____
<b>7</b>	Is the original Third Party Administrator Certificate Attached? _____ If not please explain: _____

By my signature below, I hereby surrender my Rhode Island Third Party Administrator Certificate and state that I understand the conditions of this surrender as set forth above.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Officer's Title \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_,

Before me personally appeared and known by me to be the party executing the foregoing instrument, subscribed and sworn said instrument.

\_\_\_\_\_

Notary Seal

<b>INSURANCE DIVISION USE ONLY</b>			
Date License Surrender Responses Review	_____	by	_____
Date of Surrender approved	_____	by	_____
Date of Inactivation	_____	Date License Destroyed	_____