



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
http://www.dbr.ri.gov/divisions/insurance/

Third Party Administrator
State of Rhode Island
Application for Certificate of Authority

Name of Administrator: _____

Tax Identification Number: _____

State of Domicile: _____

Principal Office Address: _____
Street City State Postal Code

Address (if any) in Rhode Island: _____
Street City State Postal Code

E-Mail Address: _____ Phone: _____ Fax: _____

1) 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.

a. Please complete the annual registration form for Administrators required to register under 27-20.7-12 (g)

2) An administrator is not required to hold a certificate of authority as an administrator in this state if all of the following conditions are met:

- 1. The administrator has its principal place of business in another state;
2. The administrator is not soliciting business as an administrator in this state;
3. In the case of any group policy or plan of insurance serviced by the administrator, the lesser of five percent (5%) or one hundred (100) certificate holders reside in this state.

3) Will the applicant be managing the solicitation of renewal business? _Yes _No

a. If "Yes", attach a list of all Rhode Island licensed agents or producers which you employ or contract with.

4) Will the applicant act directly as a producer with respect to Rhode Island business? _Yes _No

a. If "Yes", provide a Rhode Island producer license number. _____



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5) Does the applicant hold a valid certificate of authority as an administrator issued in one of the following states? Yes No

Alaska	Arizona	Arkansas	California	Connecticut	Delaware	Florida	Georgia	Idaho	Illinois
Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Michigan	Minnesota	Mississippi
Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	North Carolina	North Dakota	Ohio
Oklahoma	Oregon	Pennsylvania	South Carolina	South Dakota	Tennessee	Texas	Utah	West Virginia	Wisconsin
Wyoming									

- a. If yes, specify state: _____
- b. Attach a certified copy of the valid certificate of authority from the state referenced in 5.a.
- c. Remit your application fee of \$250 payable to *State of Rhode Island, General Treasurer*.
- d. If you have completed items 5.a – 5.c, do not complete item 6 & 7. Skip to item 8.
- e. If the answer to item 5 is “no,” continue to item 6:

6) Has applicant or any person listed in answer to item 3, below, ever been refused or had revoked a TPA Certificate of Authority, any other insurance license or any other professional license in this or any other state prior to the date of this application? Yes No

7) Attach the following documents relating to the administrator:

- a) Copies of all basic organizational documents, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement and other applicable documents and all amendments to those documents;
- b) Copies of all bylaws, rules, regulations or similar documents regulating the internal affairs of the administrator;
- c) An NAIC Biographical Affidavit or Business Character Report for each individual who is responsible for the conduct of affairs of the administrator, including; each member of the board of directors, board of trustees, executive committee or other governing board or committee; each principal officer in the case of a corporation or each partner or member in the case of a partnership or association; each shareholder holding directly or indirectly ten percent (10%) or more of the voting securities of the administrator; and each and every other person who exercises control or influence over the affairs of the administrator;
- d) Annual financial statements or reports for the two (2) most recent years, which prove that the applicant is solvent (Based on a review of the information submitted, the Department may request additional documents.);

and



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- e) Applicant's business plan, including information on staffing levels and activities proposed in Rhode Island and nationwide. The plan must provide details setting forth the administrator's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, record keeping and underwriting.
f) Application fee of \$250 payable to State of Rhode Island, General Treasurer

8) The applicant agrees to make available to the Department for the purposes of examination, audit and inspection:

- books and records maintained by the administrator; and
• copies of all contracts with insurers or other persons utilizing the services of the administrator.

The applicant agrees to notify the Department of any material change in its ownership, control or other fact or circumstance affecting its qualification for a Certificate of Authority in this state.

[This application must be signed by an individual applicant, the President and Secretary of a Corporation, two Partners of a partnership, or two official representatives of any other type of organization who have legal authority to bind the organization.]

I (We) hereby apply for a Certificate of Authority to act as a Third Party Administrator under the laws of the State of Rhode Island, as provided in R.I. Gen. Laws §§ 27-20.7-1 et seq. I (We) hereby certify under penalty of perjury that I (we) have read this application, including attached documents, know the contents thereof and that each statement herein is full, true and correct.

Signature(s) _____ , _____

Printed Name(s) _____ , _____

Title(s) _____ , _____

State of _____
County of _____

State of _____
County of _____

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

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

Notary

Notary

Mail or express completed application, including attachments, to:
Third Party Administrator Applications
Insurance Division
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