



THIRD PARTY ADMINISTRATOR ANNUAL RENEWAL FORM

Company Name: _____

Address: _____

Phone: _____ Fax: _____

FEIN: _____ License No: _____

Check No. _____ \$100.00 Renewal Fee: _____

RESIDENT TPAs ONLY:

Attached Audited Financial Report for period ending: _____

Audited Financial Report not attached. Please attach letter explaining the reason why the Report is not submitted with this form.

NON-RESIDENT TPAs ONLY:

Certificate of Authorization from Home State.

COMPLETED BY:

Printed Contact Name: _____

Signature: _____

Title: _____

Address: _____

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

Date: _____

Please send to the attention of: Antoinette Handy
Company Regulation
Delaware Department of Insurance
841 Silver Lake Boulevard
Dover, DE 19904

02/04/13