NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE
P O Box 1689
Santa Fe, NM 87504-1689
855-427-5674 (ASK OSI)

THIRD-PARTY ADMINISTRATOR ANNUAL REPORT

TPA Annual Report Instructions

1. **Please be advised the years your TPA Business Entity License renews, you will renew online through NIPR *and* pay the TPA Annual Report Fee online. The business entity renewal fee is $200.00 biennial and the TPA Annual Report Fee is $50.00. Once you complete the renewal process online through NIPR, you will need to mail in the TPA Annual Report to the address below.**

2. **If you need to pay the TPA Annual Report Fee only, please submit the TPA Report and the $50.00 fee together with a check payable to OSI and mail it to:**

OSI
Producer Licensing Bureau
1120 Paseo De Peralta
Santa Fe, New Mexico 87505

3. **TPA's do not require affiliations for the Business Entity License.**

4. **The OSI will accept DocuSign signatures and electronic Notaries.**

5. **If you have any further questions, please contact us via email at agents.licensing@osi.nm.gov.**

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YEAR: _____

Name of Administrator:	**FEIN #:**
Contact Name and Title:	**Contact phone number:**
Contact e-mail:	**Principal business address:**
Home state:	**Website:**

1. Please identify all states in which TPA is currently licensed or authorized to conduct business.

2. Within the last year, has the TPA or any owner, partner, director, designated employees or controlling person (individuals holding directly or indirectly 10% or more of the company's ownership) or any partnership or corporation with which they are, or were formerly associated:
   a. Been discharged or had a contract terminated for cause by an insurer or employer?
      Yes _____ No _____
      If yes, please state the insurer or employer name and reason for termination. Please include any relevant documentation.
   b. Been refused an insurance producer, broker, consultant, or TPA license or had an existing license suspended or revoked by the New Mexico Office of Superintendent of Insurance, or by any other state or governmental entity or authority?
      Yes _____ No _____
      If yes, please indicate which state or governmental entity and the reason for denial, revocation or suspension of license. Please include any relevant documentation, including the any final order or decision from any governmental agency.
   c. Been named in a civil action?
      Yes _____ No _____
      If yes, please state in which state the civil action was filed, summarize the civil action, and include the case docket number and title. Please attach all relevant documentation, including the initial or amended complaint and final order or judgment.

d. Been subject to any criminal arraignment or prosecution?
Yes _____ No _____
If yes, please provide the document that states the charges or allegations and the official document, order, final judgment or other relevant legal document which demonstrates resolution of the charges.

e. Been adjudged bankrupt by a court of competent jurisdiction or have a bankruptcy proceeding currently pending?
Yes _____ No _____
If yes, please provide a copy of the official document, order, final judgment or other relevant legal document which demonstrates resolution of the matter and date of resolution of the matter.

f. Been convicted or found guilty of mishandling or misappropriating any insurance carrier or client fund?
Yes _____ No _____
If yes, please include the court document that states the charges or allegations. Please provide a copy of the official document, order, final judgment or other relevant legal document which demonstrates resolution of the charges.

g. Had any insurance company or client withdraw its claims paying authority approval of the TPA?
Yes _____ No _____
If yes, please state the name of the company and the reason for withdrawal of claims payment approval authority. Attached all relevant documents.

h. Been subject to administrative action by any governmental entity or jurisdiction?
Yes _____ No _____
If yes, please include any official document that contains the charges or allegations and provide a copy of the official document, order, final judgment or other relevant legal document which demonstrates resolution of the action.

i. Has there been a change of officers within the last year?
Yes _____ No _____
If yes, please provide an updated list of the new officers and their position.

If the answer is yes to any of these questions, please provide the documents requested in that subsection and any documents deemed relevant by the Superintendent.

3. Please indicate whether the TPA collects premiums and/or adjusts, adjudicates or settles claims for an insurer, self-funded plan or trust in connection with life, health, annuities, employee benefit plans, or employee benefit stop loss plans in this state.
Yes _____ No _____
If no, please indicate why.

4. For each type of plan administered, please indicate on an attachment:
   a. Amount of total paid claims per covered unit;
   b. Funds not yet disbursed (fund equity);
   c. Year-to-date reserves for unpaid claims (reserve status).

5. Identify the federally insured or state-insured financial institution where the TPA maintains its fiduciary account. NOTE: If the TPA uses more than one financial institution, please include the following information for each financial institution as a separate attachment:
   a. Name of financial institution _____;
   b. Address _____;
   c. Contact person and title _____;
   d. Account balance _____.

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

1. The complete names and addresses of all insurers with which the TPA had a written agreement during the preceding fiscal year. The term "insurer" shall include, but is not limited to, an employer who is approved by the Superintendent as a self-funded group plan. Privately owned single employer groups do not apply.
   a. For insurers, please include:
      1. Insurance company name;
      2. NAIC code;
      3. Address;
      4. City, State, Zip;
      5. Contact Telephone Number; and
      6. Number of New Mexico residents covered by plan.
   b. For self-funded plans, please include:
      1. Employer and/or Trust name:
      2. Address;
      3. City, State, Zip;
      4. Contact Telephone Number; and,
      5. Number of New Mexico residents covered by plan.

2. The documentation of any material change in its ownership or control or other fact or circumstance affecting its qualification for a license that has not previously been reported including, but not limited to, the following:
   a. Basic organization documents of the TPA including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement, and other applicable documents.
   b. The bylaws, rules, regulations, or similar documents regulating the internal affairs of the applicant.
   c. Names, addresses, official positions, professional qualifications and biographical affidavit of all positions submitted with the application pursuant to NMSA 1978, Section 59A-11-3.

3. Most current audited financial statement (**prior year**). Was the audited financial statement reviewed by an independent Certified Public Accountant? If so, please include:
   a. CPA Firm Name _____;
   b. CPA Name _____;
   c. CPA Contact Phone Number _____;
   d. CPA License Number _____;
   e. State Issued _____.

   Was the audited financial statement prepared on a consolidated basis?
   Yes _____ No _____
   If yes, the audited financial statement must include supplemental exhibits that have been reviewed* by a certified public accountant and include a balance sheet and income statement for each licensee.

   *The minimum standard for the financial statement is reviewed. Financial statements that have been audited by the CPA exceed this requirement and are, of course, acceptable.

   Provide a detailed explanation for any negative net worth amounts reported. If no financials are available by March 1, please contact Lea Geckler at Leatrice.Geckler@state.nm.us to request an extension for the financial filing.

4. PARENTAL GUARANTY: In lieu of complying with the requirements of Section 3 above, a TPA that is a wholly owned subsidiary of a parent company may submit:

   _____ A financial statement of the parent company that has been audited by an independent certified public accountant **and**

   _____ A parental guaranty that is signed by an officer of the parent company which guarantees the financial solvency of the TPA.

Officers' Verification

The report must be verified by at least two (2) officers of the administrator.

Annual Report for the calendar year ending: _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement is in full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above and of its income and deductions therefrom for the period ended and have been completed in accordance with the Generally Accepted Accounting Principles according to the best of their information, knowledge and belief, respectively.

The officers of this reporting entity being duly sworn, each depose and say that the reporting entity accept no compensation that is contingent on claims experience.

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that all of the information submitted in this reporting and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the applicant to civil or criminal penalties.

Signature _____ Title_____

Printed Name _____ Date _____

Signature _____ Title_____

Printed Name _____ Date _____

STATE OF _____)
) ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____ by _____ and _____.

_____
NOTARY PUBLIC

My commission expires:

_____