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DEPARTMENT OF INSURANCE

Third Party Administrator 2019 Annual Statement

The undersigned hereby submits its 2019 annual report to the Nebraska Department of Insurance pursuant to Neb. Rev. Stat. §44-5814.

Name of Third Party Administrator*

Federal I.D. Number*

Nebraska I.D. Number*

Principle Business Address*

Mailing Address (if different)

Name of Contact*

Email*

Phone*

Address*

Identify all other states or jurisdictions in which the third-party administrator is currently authorized or licensed to conduct business.*

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Has, in the past year, the third-party administrator, or any of its officers, directors, designated employees, or controlling persons (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 during their connection therewith:

1. Been discharged by or had a contract terminated for cause by an insurer or employer?

   YES ☐ NO ☐

2. Been refused an insurance agent, broker, consultant or TPA license, had an existing license suspended or revoked by the State of Nebraska Department of Insurance, or by any other state or governmental agency or authority?

   YES ☐ NO ☐

3. Had any administrative action taken by a governmental agency in this state or by another state, district, or territory?

   YES ☐ NO ☐

4. Been a named party in a civil action which has reached final disposition during the past calendar year?

   YES ☐ NO ☐

5. Been subject to any criminal arraignment or prosecution?

   YES ☐ NO ☐

6. Been adjudged bankrupt by a court of competent jurisdiction or have a bankruptcy proceeding currently pending?

   YES ☐ NO ☐

7. Been convicted or found guilty of mishandling or misappropriating any insurance carrier or client funds?

   YES ☐ NO ☐

8. Had any insurance company or client withdraw its claims paying authority approval of the TPA?
   YES ☐ NO ☐

If the answer to any questions (1-8) is YES provide full details on a separate sheet and attach the explanation to this document.

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Identify the federally insured or state-insured financial institution where the third-party administrator maintains its fiduciary account. NOTE – If the company uses more than one account of fiduciary institution, indicate below and attach the required information on a separate sheet of paper.

Name of Financial Institution	
Address	
Contact Person/Title	
Account Balance	

Please attach the following items:

1. The complete names and addresses of all insurers with which the third-party administrator had a written agreement during the preceding fiscal year. The term "insurer" shall include, but not limited to, an employer who is approved by the Nebraska Workers' Compensation Court as a self-insurer.

2. Financial statements for the third-party administrator including a balance sheet and an income statement for the most recent complete calendar or fiscal year. Audited financial statements are required when available. Provide a detailed explanation for any negative net worth amounts reported. If no financials are available by March 1, please contact Kristy Hadden at Kristy.hadden@nebraska.gov to request an extension for the financial filing.

3. Documentation of any material change in its ownership or control of other fact or circumstance affecting its qualification for a certificate of authority 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 Neb. Rev. Stat. §44-5812 (2) (c).

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Certification Statement

I do solemnly swear and affirm that the foregoing information and attached documentary evidence submitted is true and correct to the best of my knowledge and belief.

Signature of Officer of the Company*

Signature of Officer of the Company*

Printed Name & Title*

Printed Name & Title*

Fields noted with an * indicate a required field.

The completed and signed form, required documentation, and payment should be returned to the Nebraska Department of Insurance by March 1 or before. They should be mailed to:

Nebraska Department of Insurance
P.O. Box 82089
Lincoln, NE 68501

If sending via overnight, use the below address:

Nebraska Department of Insurance
1135 M St, Suite 300
Lincoln, NE 68508