THIRD-PARTY ADMINISTRATOR – 2016 ANNUAL REPORT

INSTRUCTIONS

1. Pursuant to NEB. REV. STAT. § 44-5814 each third-party administrator issued a certificate of authority by the Nebraska Department of Insurance ("Department") shall file an annual report for the 2016 calendar year with the Nebraska Department of Insurance on or before March 1, 2017.

2. The annual report shall be accompanied by a $200 filing fee made payable to the State of Nebraska Department of Insurance. If requesting a Certificate of Compliance from the Department, an additional fee of $5 is required.

3. The annual report shall include the complete names and addresses of all insurers with which the third-party administrator has a written agreement during the preceding fiscal year. For the purposes of the 2016 annual report, the term "insurer" shall include an employer who is approved by the Nebraska Workers' Compensation Court as a self-insurer.

4. The annual report shall be accompanied by financial statements including a balance sheet (reporting net worth) and an income statement for the most recent complete calendar or fiscal year. Audited financial statements are to be submitted if available and detailed explanations of any negative net worth amounts must be provided.

5. The third-party administrator shall provide the following information only if there has been any material change since initially obtaining of a certificate of authority in the State of Nebraska:

    a. All basic organizational documents of the applicant, 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; and

    c. The names, addresses, official positions, professional qualifications and biographical affidavit of the individuals who are responsible for the conduct of affairs of the applicant including all members of the board of directors, board of trustees, executive committee or other governing board or committee, the principal officers in the case of a corporation or the partners or members in the case of a partnership or association, shareholders holding directly or indirectly ten percent or more of the voting securities of the applicant and any other person who exercises control of influence over the affairs of the applicant.

6. The Certification Statement attached as a part of the annual report must be verified with the signatures of two corporate officers of the third-party administrator.

7. Annual reports not properly completed or submitted by March 1, 2017, shall result in the forfeiture of fifty dollars ($50) by the third-party administrator for each day thereafter such failure continues. The director may also suspend the certificate of authority of the third-party administrator until it properly submits the annual statement and all requested information.

THIRD-PARTY ADMINISTRATOR – 2016 ANNUAL STATEMENT

Once completed, mail to: State of Nebraska
Department of Insurance
941 O Street, Suite 400
Lincoln, NE 68508-3639

The undersigned hereby submits its 2016 annual report to the Nebraska Department of Insurance pursuant to NEB. REV. STAT. § 44-5814.

1. Name of Third-Party Administrator: _____

   _____

2. Federal I.D. Number: _____

3. Nebraska I.D. Number: _____

4. Principal Business Address: _____
   (Street Address)

   _____
   (City) (State) (Zip Code)

   _____
   (Telephone Number)

5. Mailing Address (if different from Principal Business Address):

   _____
   (Street Address)

   _____
   (City) (State) (Zip Code)

6. Name and Email Address of Contact Person for Company:

   _____
   (Name) (Email)

   Address: _____
   (Street Address)

   _____
   (City) (State) (Zip Code)

7. **Attach** the complete names and addresses of all insurers with which the third-party administrator had a written agreement during the preceding fiscal year.

8. **Attach** the financial statements for the third-party administrator including a balance sheet (reporting positive net worth) and an income statement for the most recent complete calendar or fiscal year. Audited financial statements are to be submitted if available and detailed explanations of any negative net worth amounts must be provided.

9. 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:

   a. Been discharged by or had a contract terminated for cause by an insurer or employer?
   YES _____ NO _____

   b. 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 _____

   c. Had any administrative action taken by a governmental agency in this state or by another state, district, or territory?
   YES _____ NO _____

   d. Been a named party in a civil action which has reached final disposition during the past calendar year?
   YES _____ NO _____

   e. Been subject to any criminal arraignment or prosecution?
   YES _____ NO _____

   f. Been adjudged bankrupt by a court of competent jurisdiction or have a bankruptcy proceeding currently pending?
   YES _____ NO _____

   g. Been convicted or found guilty of mishandling or misappropriating any insurance carrier or client funds?
   YES _____ NO _____

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

If the answer to any question in 9(a) through 9(h) is "YES," provide full details on a separate sheet of paper and attach the explanation to this document.

10. 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 the Financial Institution)

_____
(Address – Street, City, State, Zip Code)

_____
(Contact Person/Title)

_____
(Account Balance)

11. Identify all other States or Jurisdictions in which the third-party administrator is currently authorized or licensed to conduct business:

_____

_____

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)
_____	_____
(Print Name & Title)	(Print Name & Title)