



Department of Business and Industry

# Nevada Division of Insurance

1818 E. College Pkwy., Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.nv.gov

## Third-Party Administrator – Triennial Renewal Application

**NRS 683A.08526**

Failure to file with the Division all information on the form by the registration expiration date will result in a lapse of your registration. In the event information is not applicable, please state "N/A." Do not leave any requested information blank. Forms with missing or incomplete information or missing attachments will delay processing of your renewal and may result in a lapse of your registration. The transaction of business while in a lapse status is a violation of NRS 683A.085.

Submit all renewal documentation and payment through [www.sircon.com](http://www.sircon.com).

<b>A. Third-Party Administrator Information</b> (Please Print or Type)			
Applicant Name			
DBA (Mark N/A if none used)		Trade Name (Mark N/A if none used)	
FEIN		Fiscal Year End (mm/dd)	
Qualification Type(s):			
<input type="checkbox"/> Life & Health		<input type="checkbox"/> Self-Funded Health Benefit Program	
<input type="checkbox"/> Self-Funded Employer Program for Workers' Compensation		<input type="checkbox"/> Workers' Compensation	
<input type="checkbox"/> Pharmacy Benefits Manager			
Mailing Address	City	State	Zip or Foreign Country
Physical Business Address	City	State	Zip or Foreign Country

<b>B. TPA Contact Person</b> List the primary contact person with whom the Division should communicate.	
Name	Title
Direct Telephone Number	Email Address

<b>C. Ownership by a Company</b> Identify the owner(s) or parent(s) of the applicant. (Individuals who are owners should be listed on the following page.) Attach an organizational chart that identifies control of the administrator and each affiliate of the administrator.	
Name(s)	Percentage of Ownership
1.	%
2.	%
3.	%
4.	%

### D. Owners, Partners, Officers & Directors

List all officers, directors, sole proprietor, or partners of the applicant. Include owners with 10% or more ownership of the applicant. An NAIC biographical affidavit, executed and dated within the last 6 months, is required for each person listed. Attach a list if necessary.

Name	Title	Percentage of Ownership
1.		%
2.		%
3.		%
4.		%
5.		%
6.		%
7.		%
8.		%
9.		%
10.		%
11.		%
12.		%
13.		%
14.		%

### E. Renewal Questions

Attach supporting documentation, as applicable.

1. Are you authorized to transact business in Nevada? Attach a Certificate of Authority from the Nevada Secretary of State, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the applicant have an insurance license or certificate of any kind that was denied, suspended, or revoked in any jurisdiction? Attach an explanation and a copy of the official document.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have there been changes in ownership in the last 3 years? Attach pre- and post-change organizational charts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have there been changes to the Articles of Formation (or equivalent), bylaws or operating agreement in the last 3 years? Attach a copy of each amended document.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Were the annual report filing and soundness requirements met for the most recent fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ATTESTATION:**

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application 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 or registration revocation and may subject me and the applicant to civil or criminal penalties.
2. The applicant grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

### F. Signature

Form must be signed by an officer, director, principal, or partner of the applicant.

Signature	Typed or Printed Name
Date Signed	Title
Address	City/State/Zip Code