

State of Nevada
 DIVISION OF INSURANCE
 ANNUAL REPORT - THIRD-PARTY ADMINISTRATORS
 REQUIRED REPORTING PURSUANT TO NRS 683A.08528
DUE DATE: 90 DAYS AFTER EXPIRATION OF FISCAL YEAR
 REMIT TO: TPAMAIL@doi.nv.gov

TPA NAME:					
License No.		FEIN:		Fiscal Year End:	

Mailing Address:

Address Line 1		
Address Line 2		
City	State	Zip

Physical Business Address:

Address Line 1		
Address Line 2		
City	State	Zip

Contact Information:

Contact Name:	Contact Telephone No.
Contact Email Address:	Contact Fax No.
Location of Contact Person:	

Note: Extension to file *may* be permitted if the request for extension is received in writing and approved prior to the filing due date.

Your Annual Report must include the following information: (Please check each item included with this filing)

Section I - Filing Fee

\$25 Filing Fee. Instructions are attached for remitting via electronic funds transfer.

Section 2 - Financial Statement

A financial statement of the administrator that has been Reviewed* by an independent certified public accountant. Per NAC 683A.131, the financial statement must include:

1. A balance sheet that reports the assets, liabilities and net worth.
2. An income statement that reports the revenue and expenses.
3. A statement of cash flow
4. Notes to the financial statement

Has the financial statement been prepared on a consolidated basis? Yes No

If yes, the annual report MUST INCLUDE supplemental exhibits that have been reviewed by a certified public accountant and include a balance sheet and income statement for each holder of a certificate of registration.

**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.*

Section 2B - Parental Guaranty

In lieu of complying with the requirements set forth above, an administrator who 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 administrator.

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Section 3 - Bond Reporting

NOTE: The minimum bond requirement for Nevada Third-Party Administrators is \$100,000.
To determine your required bond amount, please provide the information requested, as follows:

Line 1. At the close of your fiscal year, what was the total amount of money handled by you on behalf of contracted entities in connection with your activities as an administrator:

Line 2. Determine the monthly average by taking the number reported in line 1 and dividing by 12.

Line 3. YOUR NEW BOND REQUIREMENT. Please check the appropriate box based on the amount shown on line 2. Enter the amount to be added in line 3.

The amount is less than \$1 million - ADD \$100,000 to line 3
The amount is more than \$1 million and less than \$2 million - ADD \$200,000 to line 3
The amount is more than \$2 million and less than \$3 million - ADD \$300,000 to line 3
The amount is more than \$3 million and less than \$4 million - ADD \$400,000 to line 3
The amount is more than \$4 million and less than \$5 million - ADD \$500,000 to line 3
The amount is \$5 million or more - ADD 10% OF THE AMOUNT RECEIVED
BUT NO MORE THAN \$1 MILLION

Line 4. What is the amount of your current bond?
Important: You MUST attach a BOND VERIFICATION CERTIFICATE to your filing.

Line 5. If the amount indicated in line 3 is greater than the amount in line 4, your filing must include an increase bond rider or replacement bond for the new amount.*
Increase bond rider in the amount of _____ is attached.
Replacement bond for a total amount of _____ is attached.

If the amount in line 3 is less than the amount in line 4, you MAY submit a decrease rider or replacement bond for the lesser amount. Bond cannot be less than \$100,000.
Replacement bond for a total amount of _____ is attached.
We have chosen not to reduce the amount of our bond at this time.

*See NAC 683A.155 for additional options for satisfying your bond/security requirement

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Section 4 - Administrator Contracts

Per NRS 683A.08528(2)(b), provide the complete name and address of each person and/or insurer, if any, for whom the administrator agreed to act as an administrator during the most recently completed fiscal year.

***Per NAC 683A.125(2), an administrator must provide the Commission a copy of each written agreement entered into with an insurer or other entity within 90 days after entering into agreement.*

Section 5 - Signatures and Attestations

Signature/verification by at least two officers of the Administrator.

Note: You may attach a signature page or sign below:

As officers of this Third-Party Administrator we hereby verify the authenticity of this filing.

Officer Name, Title

Print - Officer Name, Title

Date

Officer Name, Title

Print - Officer Name, Title

Date

Report Prepared By:	Signature:
Contact email address:	Date: