# 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 Addres	s:			
Address Line 1				
Address Line 2				
City		State	Zip	
Physical Busine	ss Address:			
Address Line 1				
Address Line 2				
City		State	Zip	
Contact Inform	ation:			
Contact Name:		Contact Telephone No.	Contact Telephone No.	
Contact Email Address:		Contact Fax No.	Contact Fax No.	
Location of Contact	t 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 1 - Filing Fee

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

### Section 2A - 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?



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:

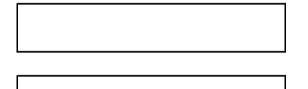
A financial statement of the parent company that has been audited by an indendent certified public accountant and,

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

# NEVADA THIRD-PARTY ADMINISTRATORS **ANNUAL REPORT** REQUIRED REPORTING PURSUANT TO NRS 683A.08528 Page 2

# 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, state 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 bond amount.

The amount is less than \$1 million - write \$100,000 on line 3 The amount is more than \$1 million and less than \$2 million - write \$200,000 on line 3 The amount is more than \$2 million and less than \$3 million - write \$300,000 on line 3 The amount is more than \$3 million and less than \$4 million - write \$400,000 on line 3 The amount is more than \$4 million and less than \$5 million - write \$500,000 on 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 current BOND VERIFICATION CERTIFICATE to your filing. A copy of the original bond or invoice will not be accepted.

Line 5. If the amount indicated in line 3 is greater than the amount in line 4, your filing must include the original 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 the original 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

### NEVADA THIRD-PARTY ADMINISTRATORS

## ANNUAL REPORT

### REQUIRED REPORTING PURSUANT TO NRS 683A.08528

Page 3

## **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 acted 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:			

Nevada Division of Insurance - 1818 E. College Pkwy, Ste 103 - Carson City, NV 89706