

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 (mm/dd)

**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
Contact Email Address	Contact Fax
Location of Contact Person	

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

**Section 1 - Filing Fee**

\$25 Filing Fee. Payments may be made by electronic funds transfer or by check.

**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

*\*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.*

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.

**Section 2B - Parental Guaranty**

In lieu of complying with the requirements set forth in 2A above, an administrator that 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, state the total amount of money handled by you on behalf of contracted entities in connection with your activities as an administrator in Nevada.

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.

- Decrease bond rider in the amount of \_\_\_\_\_ is attached.
- 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 acted as an administrator. Identify any agreement terminated and date of termination within the last year.

**Section 5 - Signatures and Attestations**

Signature/verification by 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.

\_\_\_\_\_  
Signature - Officer Name

\_\_\_\_\_  
Print - Officer Name, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Officer Name

\_\_\_\_\_  
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*