

ALASKA DIVISION OF INSURANCE
 333 WILLOUGHBY AVENUE, 9TH FLOOR
 P.O. BOX 110805
 JUNEAU, AK 99811-0805
 TELEPHONE: (907) 465-2515 FACSIMILE: (907) 465-2816

THIRD PARTY ADMINISTRATOR QUARTERLY FILING FORM

Alaska Statute 21.27.630 requires that a person who acts as, or represents to be, a Third-Party Administrator (TPA) in this state or relative to a subject resident, located, or to be performed in this state, is registered in this state.

Alaska Statute 21.27.650(a)(3) requires the TPA to provide to the Director **January 1, April 1, July 1, and October 1** of each year:

- ✓ a list of current employees, identifying those transacting business in this state or upon a subject resident, located, or to be performed in this state;
- ✓ a list of current insurers under contract; and
- ✓ any other information the director may require.

| | | | | | |
|----------|---|------------|---------------------------|--------------|-------------------------|
| 1 | THIRD PARTY ADMINISTRATOR NAME | | | | |
| 2 | Business Physical Address | | City | State | Zip or Foreign Country |
| | Telephone Number | Fax Number | Business Web Site Address | | Business E-mail Address |
| | Mailing Address | P.O. Box | City | State | Zip or Foreign Country |
| 3 | BUSINESS NUMBERS | | | | |
| | Phone # _____ Fax # _____ | | E-mail Address _____ | | |
| 4 | FOR INSURED PLANS ONLY | | | | |
| | Provide the name and NAIC co-code number of all insurers you represent as a TPA in this state. If the insurer is domiciled in a state not accredited with the National Association of Insurance Commissioners (NAIC), a copy of the executed contract must be provided. | | | | |
| | Insurer | | | | NAIC Co-Code # |
| | Insurer | | | | NAIC Co-Code # |
| | Insurer | | | | NAIC Co-Code # |
| | Insurer | | | | NAIC Co-Code # |
| 5 | EMPLOYEES | | | | |
| | Identify the key personnel who supervise or have responsibility over personnel performing TPA administrative functions. A listing may be attached. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6 | Signature of Compliance Officer | | | Printed Name | |