

THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT

Roger A. Sevigny  
Commissioner



Thomas S. Burke  
Director of Examinations

**APPLICATION for  
EXEMPTION**

**THIRD PARTY ADMINISTRATOR  
R.S.A 402-H**

ADMINISTRATOR NAME: \_\_\_\_\_

TRADE NAME (if any): \_\_\_\_\_

DOMICILE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\*Note: This Department will only correspond with the named contact person. This individual may be in the company or a contracted person such as a consultant.

Annual Renewal  
(Due March 1st each year following exemption)

**No Fee for TPA Exemption Application**

**REQUEST for an EXEMPTION of LICENSURE  
as a THIRD PARTY ADMINISTRATOR  
in New Hampshire**

An administrator is not required to hold a license as an administrator in this state under certain conditions set forth in RSA 402-H11-b. An exemption must be requested by completing this form and submitting it to this Department. No fee is charged for the registration. The Department will notify the applicant if the request for an exemption is approved. This exemption must be renewed annually no later than March 1<sup>st</sup> of every year subsequent to the initial application. *A written description of the planned or expected business activity in NH must be included with application.*

**ADMINISTRATOR NAME:** \_\_\_\_\_

The above named administrator hereby requests an exemption from licensure because it meets the following requirement (s): (check those which apply)

\_\_\_\_\_ An association administering a pooled risk management program operated pursuant to RSA 5-B

\_\_\_\_\_ An association conducting business that is exempt from taxation under the Internal Revenue Code, Section 115.

**NOTARIZATION**

STATE of \_\_\_\_\_

COUNTY of \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
who being duly sworn, stated that all information contained in the attached application for exemption of licensure  
is, to the best of his knowledge, true, complete and correct.

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Authorized Representative Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Notary Public Printed Name)