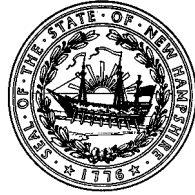


THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT

Christopher R. Nicolopoulos  
Commissioner



Douglas Bartlett  
Director of Financial Regulation

**APPLICATION for  
CERTIFICATE of AUTHORITY**

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

LEGAL NAME OF ADMINISTRATOR: \_\_\_\_\_

FEIN: \_\_\_\_\_

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

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

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

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

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

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

PHONE: \_\_\_\_\_

CONTACT 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.

**FEES**

Application Examination {400-A:29 I (a)} \$ 1,000.00

All checks must be made payable to: **New Hampshire Insurance Department.**

Our review process will not begin until **ALL** fees are paid. New Hampshire law does not allow for the payment of fees after the issuance of the license.

**SECTION 1 - MANAGEMENT**

1.) **BIOGRAPHICAL AFFIDAVITS AND OFFICIAL LIST OF ALL INDIVIDUALS** responsible for the conduct of affairs of the administrator. The NHID accepts the NAIC biographical affidavit. The list should give the name, position occupied, address and the professional qualifications of each of these individuals. It should also be sworn to as a true and complete list by the secretary of the administrator. The list shall include:

- Board of Directors
- Board of Trustees
- Executive Committee/Governing Board/Committee
- Principal Officers (Partners or members in the case of Partnership, Association or LLC)
- Shareholders (10% or more)
- Others exercising control/influence

**SECTION 2 - FINANCIAL**

2.) **STATUTORY DEPOSIT** as indicated below. An administrator that will administer benefit plans that are fully insured by an insurer that is not licensed in this state, multiple employer welfare arrangements, or church self-insured plans shall maintain a surety bond for the use and benefit of the commissioner that covers individuals and persons in New Hampshire who have remitted premiums or insurance charges or other moneys to the administrator in the course of the administrator's business. (RSA 402-H:11 VIII

- A surety bond issued for the greater of \$100,000.00 or 10 percent of the administrator's average daily client account balance during the preceding calendar year by a surety company licensed to do business in the State of New Hampshire. However, in no event shall the bond be more than \$1,000,000.
- If an administrator cannot obtain a bond, then another security, including, but not limited to, cash or negotiable securities in an amount equal to the amount of the required surety bond shall be set aside in one or more trustee bank accounts in the State of New Hampshire.

3.) **THE PHYSICAL ADDRESS WHERE THE BOOKS AND RECORDS MAINTAINED BY THE ADMINISTRATOR ARE LOCATED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) **THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION:**

Audited Financial Statements for the two most recent fiscal years that prove that the administrator has a positive net worth. If the administrator has been in existence for less than two fiscal years, the application shall include financial statements or reports, certified by an officer of the administrator and prepared in accordance with GAAP, for any completed fiscal years, and for any month during the current fiscal year for which such financial statements or reports have been completed. An audited financial statement prepared on a consolidated basis shall include a columnar consolidating or combining worksheet (see RSA 402-H:12, RSA 402-H:11 II (c)(1), Ins 2301.01)

**SECTION 3 - DOCUMENTARY**

1.) **CERTIFIED COPIES OF ALL BASIC ORGANIZATIONAL DOCUMENTS**, including Articles of Incorporation, Articles of Association, partnership agreements, trade name certificate, trust agreement, shareholder agreement, recent certificate of good standing for state of domicile and for the State of New Hampshire, and all amendments thereto. These items should be certified by the proper domiciliary state official.

2.) **COPY OF THE BY-LAWS** of the applicant certified as a true and correct copy of the secretary of the company.

3.) **BUSINESS PLAN STATEMENT**. Attach a separate sheet outlining the Administrator's Business Plan, including staffing levels proposed for New Hampshire and nationwide.

4.) **SUMMARY of INSURANCE POLICIES**. Attach copies of binder pages from insurance carriers for Administrator's:

"Errors & Omissions" Insurance  
(carrier/limits/policy period)

"Directors & Officers" Insurance  
(carrier/limits/policy period)

Any other pertinent coverages  
(carrier/limits/policy period)

5.) If the applicant will be managing the solicitation of new or renewal business or will be directly soliciting insurance contracts or otherwise acting as a Producer, furnish the name and New Hampshire Producer license number (s) of the individual (s) who will be performing these duties and indicate if they are contract workers or employees. Please be aware that these individuals will need a current appointment with the insurer (s) for which they will be soliciting.

Name	License #	Employment Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6.) If the applicant is currently contracted with any insurer or other persons as a third party administrator, include a copy of each contract. A "Notice of Contract" must also be completed for each contract with an insurer and submitted to the NHID. (form attached, reproduce as needed)

7.) The license or authority of the administrator in any state, district or country has at no time been revoked, suspended or cancelled, nor has it been refused admission to any state, district or country, except as state below. (state in full detail any exception)

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**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 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)

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

NOTICE of CONTRACT  
BETWEEN THIRD PARTY ADMINISTRATOR  
AND INSURER

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

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

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

NAME of INSURER: \_\_\_\_\_

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

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

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

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

Under the terms of the attached contract, the administrator will be responsible for: (check those which apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Solicitation of Coverage    | <input type="checkbox"/> Underwriting              |
| <input type="checkbox"/> Collection Charges/Premium  | <input type="checkbox"/> Claims adjustment         |
| <input type="checkbox"/> General Management Services | <input type="checkbox"/> Distribution Ad Materials |
| <input type="checkbox"/> Claims Payment              | <input type="checkbox"/> Other (explain)           |

Effective Date of Contract: \_\_\_\_\_

Physical location of books and records maintained by the administrator in regard to this agreement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Also include the following items:

- A copy of the contract between the administrator and insurer.
- A copy of the notification which will be sent to policyholders informing them of this arrangement.
- Copies of all advertisement and marketing materials to be distributed by the administrator.
- Level of reinsurance provided for the benefit of insureds under this contract, include carrier name.

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(Signature of Administrator Representative)

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(Signature of Insurer Representative)

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(Printed Name of Administrator Representative)

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(Printed Name of Insurer Representative)