

THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT

Christopher R. Nicolopoulos  
Commissioner

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Douglas Bartlett  
Director of Financial Regulation

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**APPLICATION for  
EXCEPTION**

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

ADMINISTRATOR LEGAL 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 exception)

**No Fee for TPA Exception Application**

**REQUEST for an EXCEPTION 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-H:1, I. An exception 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 exception is approved. This exception 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 exception from licensure because it meets the following requirement (s): (check those which apply)

- \_\_\_\_\_ An employer, or a wholly owned direct or indirect subsidiary of an employer, on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of such employer.
- \_\_\_\_\_ A union on behalf of its members.
- \_\_\_\_\_ An insurer that is authorized to transact insurance in this state pursuant to RSA 401 or a subsidiary or affiliated corporation of such insurer if the insurer and the subsidiary or affiliated corporation have overlapping directories.
- \_\_\_\_\_ An insurance producer licensed to sell life, annuities, or health coverage or workers' compensation insurance in this state, whose activities are limited exclusively to the sale of insurance.
- \_\_\_\_\_ A creditor on behalf of its debtors with respect to insurance covering a debt between the creditor and its debtors.
- \_\_\_\_\_ A trust and its trustees, agents and employees acting pursuant to such trust established in conformity with 29 U.S.C. section 186.
- \_\_\_\_\_ A trust exempt from taxation under section 501(a) of the Internal Revenue Code, its trustees and employees acting pursuant to such trust, or a custodian and the custodian's agents or employees acting pursuant to a custodian account which meets the requirements of section 401(f) of the Internal Revenue Code.
- \_\_\_\_\_ A credit union or a financial institution that is subject to supervision or examination by federal or state banking authorities, or a mortgage lender, to the extent they collect and remit premiums to licensed insurance producers or to limited line producers or authorized insurers in connection with loan payments.
- \_\_\_\_\_ A credit card issuing company that advances for and collects insurance premiums or charges from its credit card holders who have authorized collection.
- \_\_\_\_\_ A person who adjusts or settles claims in the normal course of that person's practice or employment as an attorney at law and who does not collect charges or premiums in connection with life, annuity, or health coverage or workers' compensation insurance.
- \_\_\_\_\_ An adjuster licensed by this state whose activities are limited to adjustment of claims.

- \_\_\_\_\_ A person subject to regulation under RSA 281-A:5-d offered or provided by an insurer or under a self-funded governmental plan that is exempt from the provisions of the Employee Retirement Income Security Act (ERISA) pursuant to 29 U.S.C. section 1003(b)(1). To qualify, the TPA must administer exclusively (100%) self-funded governmental plans only. The applicant must attach a list of plans it is administering. See RSA 402-H:1 I
- \_\_\_\_\_ A person licensed as a managing general agent in this state, pursuant to RSA 402-E, whose activities are limited exclusively to the scope of activities conveyed under such license.
- \_\_\_\_\_ An administrator who is affiliated with an insurer and who only performs the contractual duties, between the administrator and the insurer, of an administrator for the direct and assumed insurance business of the affiliated insurer. The insurer is responsible for the acts of the administrator and is responsible for providing all of the administrator's books and records to the insurance commissioner, upon request from the insurance commissioner. For purposes of this subparagraph, "insurer" means a licensed insurance company, prepaid hospital or medical care plan, or a health maintenance organization.
- \_\_\_\_\_ An administrator is not required to hold a certificate of authority as an administrator in this state if **all** of the following conditions are met:
1. The administrator has its principal place of business in another state.
  2. The administrator is not soliciting business as an administrator in this state.
  3. The administrator's New Hampshire business includes in total fewer than 100 certificate holders.
- Definition of certificate holder: Single covered life.*  
*Submit list of all covered lives in New Hampshire.*

## 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)