

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Christopher R. Nicolopoulos
Commissioner



Douglas Bartlett
Director of Financial Regulation

**APPLICATION for
EXEMPTION**

**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 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 1st 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)