



**JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA**

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
Phone (225) 342-5900
Fax (225) 342-3078
<http://www.lidi.state.la.us>

**INSTRUCTIONS FOR
ANNUAL REPORT FOR A
THIRD PARTY ADMINISTRATOR
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the annual report in complying with our requirements and procedures. The forms and procedures of the reporting process are designed to facilitate our review of the report. Therefore, it is extremely important that all administrators comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 342-0897
Fax: (225) 219-9322
E-Mail Address: pfrancois@ldi.state.la.us

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) Annual reports must be post-marked no later than March 1 of the year due.
- 2) The information contained in the annual reports is for the year ended December 31 of the year previous to the filing. While information subsequent to December 31 may be filed with the annual report the report itself should only include information up to the deadline of December 31.
- 3) All submittals in association with this report must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 3) Submit only a fully completed report. Submittal of a partially completed report will cause processing delays and may result in rejection of the report.
- 4) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your situation, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 5) All original items submitted become the property of the Louisiana Department of Insurance and **will not be returned**.
- 6) All certified documents required in the application must be dated within ninety (90) days of submittal of the application.

- 7) All entries in the report forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the rejection of the report.
- 8) When designating a contact person, please remember that all correspondence from our Department will be directed to this individual. Therefore, please choose a person who will be able to respond to most inquiries or direct them to the appropriate person for response. We must be notified in writing of any change in the contact person during the course of the year.
- 9) The annual report is intended to supplement any notifications of changes in the administrator or the information submitted to this Department previously. LRS 22:3041H requires an administrator to notify the Commissioner of any material change in its ownership, control, or other fact or circumstances affecting its qualification for a license in this state. Therefore, the administrator should not wait for the filing of the annual report to advise this Department of any such changes.
- 10) If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 11) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this report conflict with the information filed with the domiciliary state. Conflicting information may result in regulatory action.

EXPLANATION OF TYPES OF FILING

The annual report forms are intended for those companies which hold a license as a third party administrator in this state and for those companies which were granted an exception to the licensing requirement pursuant to LRS 22:3031 (1) (l).

LICENSED ADMINISTRATORS

Administrators which have been issued a license by this Department must submit Pages 6-12 of the report along with any appropriate attachments.

EXCEPTED ADMINISTRATORS

Administrators which have been granted an exception to the licensure requirement pursuant to LRS 22:3031 (1) (l) should file Page 6 and Page 13 of the report forms. There is no fee for this exception filing.

SPECIAL INSTRUCTIONS FOR THE NOTIFICATION OF CONTRACT

Each time a licensed administrator enters into an agreement with an insurer, the enclosed Notification of Contract Between Third Party Administrator and Insurer form must be immediately completed and forwarded to the Department of Insurance via the United States Postal Service.

SPECIAL INSTRUCTIONS FOR NOTARIZATION PAGE

Each annual report packet includes two notarization pages. Which of these pages the administrator uses is determined by the type of filing. An administrator which is licensed in Louisiana and is filing an annual report pursuant to LRS 22:3043 should use the Notarization for Licensed Administrators. An administrator which was granted an exception to licensure requirements pursuant to LRS 22:3031 (1) (a) and which is filing this report pursuant to LRS 22:3041G should use the Notarization for Administrators Granted an Exception. No administrator should file both forms.

The signatures which appear on the notarization page are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

IF THE APPLICANT IS A(N)...	THE APPLICATION SHOULD BE SIGNED BY...
Individual	the applicant
Corporation	any two officers
Association	any two officers
Partnership	two partners
Trust	two trustees
Any other	contact the Department for instructions

INSTRUCTIONS FOR REQUESTING AN EXTENSION OF THE FILING DATE

The annual report for administrators is due by March 1 of each year. If administrators have a legitimate need for an extension of this deadline they must request this extension in writing. The request must include a detailed explanation of why the extension is needed.

Extensions will not be granted verbally. Therefore, do not contact the Department by telephone or in person to request such an extension.

Extensions should NOT be requested more than thirty days nor less than 14 days before March 1.

Extensions of the deadline will be given in thirty (30) day allotments and only under the most extreme circumstances will companies be given an extension of more than sixty (60) days.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing third party administrators in Louisiana?

A: The laws governing third party administrators can be found in Chapter 5 of Title 22 of the Louisiana Revised Statutes (LRS 22:3031 et seq.). In addition, LRS 23:1192, et seq. and Regulation 42 of the Louisiana Department of Insurance contain related information regarding service companies for worker's compensation self insured funds. For your convenience, a copy of Chapter 5 of Title 22 is attached. Copies of the complete Louisiana Insurance Code and the regulations promulgated by the Commissioner of Insurance can be obtained from private printing companies which specialize in statutory printing. One such company is given below.

**National Insurance Law Service
P.O. Box 2507
Chatsworth, CA 91313
1-800-423-5910**

Q: Is there a difference between a "service company" as mentioned in Title 23 and a third party administrator?

A: Because of the type of services commonly performed for workers compensation self-insured funds by service companies, such companies may fall into the definition of a third party administrator as set forth in LRS 22:3031(1). Therefore, each entity acting as a service company for such a fund should review the definition and determine if it would be considered a third party administrator.

Q: Will I be notified of the acceptance of my report?

A: Each administrator will be notified of the acceptance of the annual report. This notification or a request for additional information can be expected thirty (30) to sixty (60) days from our receipt of the report.

Q: Can the forms in the report packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the rejection of the report. However, upon request we can make arrangements to send the forms in Microsoft Word[®] format via electronic mail.

Q: We were not licensed as an administrator in Louisiana until late in the year. Are we still required to file an annual report?

A: All administrator licensed or granted an exception on or before December 31, of the reporting year must file an annual report for that year.

Q: What is the penalty for failure to file the annual report on or before the due date ?

A: Pursuant to LRS 22:3044B (1) an administrator which violates any provision of the insurance laws of this state may be fined up to \$5,000.00 per violation and may have its license revoked or suspended.

COMMON QUESTIONS CONTINUED

Q: Must the reports be bound when they are returned?

A: No. The reports are not required to be bound in any way when they are returned to this Office.

Q: If an administrator wishes to surrender it's license or otherwise cease doing business in Louisiana, can this be accomplished by not filing the annual report?

A: No. The annual report is a report, not a renewal. If an administrator wishes to surrender it's license, they may do so by returning the license with the annual report but any administrator licensed on December 31 is responsible for the annual report for the preceding year.



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**ANNUAL REPORT FOR A
THIRD PARTY ADMINISTRATOR
IN THE STATE OF LOUISIANA**

General Information (Type or Print)	
ADMINISTRATOR'S NAME: _____	
TRADE NAME: _____	
FEI OR SOCIAL SECURITY NO.: _____	DOMICILE: _____
HOME OFFICE ADDRESS: _____	

CONTACT NAME: _____	CONTACT TITLE: _____
PHONE: _____	FACSIMILE: _____
CONTACT ADDRESS: _____	

E-MAIL: _____	

FEES	
Annual Report Fee = \$300.00 or reciprocal for a TPA domiciled outside of Louisiana	\$ ____.
Make all checks payable to the Louisiana Department of Insurance	Total Amount This Check \$ ____.

SECTION 4 - SOLICITATION INFORMATION

Will the applicant be managing the solicitation of new or renewal business or directly soliciting insurance contracts or otherwise acting as an agent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, provide the name, social security number or federal employer identification number (for a partnership or corporation) for the licensed Louisiana agent performing the solicitation. If the agent is other than the applicant, indicate whether the agent is an employee of or under contract with the applicant.		
Agent Name	Social Security No. or FEIN	Status (Employee or Under Contract)

SECTION 5 - INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS

1) Has the administrator made any changes to its Articles of Incorporation, Articles of Association, Partnership Agreement or other such organizational documents which have not been filed with this Department? If yes, provide a copy of the document certified by the proper domiciliary state official.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the administrator made any changes to its by-laws, rules, regulation or other such similar documents which have not been filed with this Department? If yes, please provide copies of the amended document certified as true and correct by the secretary of the administrator or a partner in the case of a partnership.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Is the administrator using a trade name for which a Certificate of Trade Name Registration has not been filed with this Department? If yes, please submit a Certificate of Trade Name Registration issued by the Louisiana Secretary of State indicating that the applicant has registered its use of the trade name with that Office.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the administrator made any changes to its operating practices which would invalidate or make obsolete the plan of operation filed with this Department? If Yes, please supply an amended plan of operation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Are there any persons responsible for the conduct of affairs of the administrator, including all officers*, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and/or all person(s) owning, directly or indirectly, ten percent or more of the administrator and any other person who exercises control or influence over the affairs of the administrator, for whom biographical affidavits have not been filed with this Department? If Yes, submit completed biographical affidavits for each such person and the effective date of the election/appointment of this person.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* Officer is defined by LRS 22:1531 as president, vice president, treasurer, actuary, secretary, controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

SECTION 5 - INTERROGATORIES – CONTINUED

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS

6) Does the administrator have contracts with any insurer for which a Notice of Contract Form has not been supplied to this Department? If Yes, submit a completed Notice of Contract Form for each such contract.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Is the administrator part of an insurance holding company group? If yes, provide the NAIC GROUP Code for the group.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Within the last two years, has the administrator had an application denied by any insurance regulatory authority? If "YES" you must supply the details of the denial including the type of application, the state in which the application was denied and the state reasons for the disapproval.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Within the last two years, has the administrator been subject to any regulatory action including cease and desist orders, revocation of license or similar actions? If the answer is "YES" you must provide a complete explanation of the action, the state which took the action and copies of any pertinent documents such as consent agreements, orders, notices of fine or other such items.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Within the last two years, has the administrator changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Within the last two years, has the administrator merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Within the last two years, has the administrator undergone a change in ownership of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Is the administrator presently negotiating or inviting negotiations or party to a counterletter which would result in a merger or consolidation with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Is the administrator presently negotiating or inviting negotiations or party to a counterletter which would result in a change of ownership of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Does the administrator contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Is the administrator a defendant or subject in any legal action? If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case. You may limit this response to suits filed in Louisiana or on behalf of Louisiana residents and may exclude employment matters.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Does the administrator pay any representative given discretion as to the settlement or adjustment of claims, whether in direct negotiations with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18) Do any of the officers, directors, partners, trustees or owners of the administrator serve as officers, directors, or trustees of any workers compensation self-insured fund formed pursuant to Title 23 of the Louisiana Revised Statutes for which the administrator acts as a third party administrator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19) Does the administrator currently act as a third party administrator for any insurer with which it does not have a written contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 5 - INTERROGATORIES – CONTINUED

20) Is the administrator currently entered into any agreement or understanding with any insurer in which the effect of the agreement is to make the amount of the administrator's commission, fees, or charges contingent upon savings realized in the adjustment, settlement, and payment of losses covered by the insurer's obligations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21) Has any person who is presently an officer, director or owner of ten percent or more of the administrator ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or information in, any jurisdiction charging a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 6 - LIST OF CONTRACTS

List the full legal name and address of all entities for which the administrator is currently contracted as a third party administrator. This list must include all insurers with which the administrator had an agreement during the preceding year. ALL of the requested information must be supplied and group names should not be used. For the purposes of this annual report this list should include only life, health and accident or annuity coverages and plans of self –insurance which provide health and accident . The list must also include group self insurance funds formed pursuant to LRS 23:1195. PLEASE INCLUDE ONLY PLANS WITH PARTICIPANTS IN LOUISIANA . DO NOT INCLUDE PLANS EXEMPTED FROM STATE REGULATION BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA).

NAIC #	INSURER NAME (Do not use group names)	TYPE OF ENTITY	TYPE OF COVERAGE ADMINISTERED (check all that apply)
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation

SECTION 7 - LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (no initials) name, resident address, social security number and position with the administrator for all persons responsible for the conduct of affairs of the administrator. This list should include all officers, directors, partners (in the case of a partnership), trustees, executive committee members and/or any person(s) owning, directly or indirectly, ten percent or more of the administrator and any other person who exercises control or influence over the affairs of the administrator. IF THERE ARE NEW OFFICERS/DIRECTORS FROM THE PREVIOUS YEARS REPORT YOU MUST PROVIDE THE DATE OF ELECTION OR APPOINTMENT. IF THERE ARE ANY INDIVIDUALS WHO ARE NO LONGER WITH THE COMPANY YOU MUST STATE THE DATE OF TERMINATION.

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NOTARIZATION FOR LICENSED ADMINISTRATORS

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____ and _____ who, after being duly sworn, did depose and say that all information contained in this application and all attachments thereto is, to the best of his knowledge, true, complete and correct and that the Commissioner of Insurance will be notified of any changes to the information provided herein within three working days of the effective date of the change . Each did furthermore certify that the latest financial statement of the administrator for whom this annual report is made is available for inspections by the Commissioner of Insurance or his duly authorized representative at the address given below.

Witness' Signature

Signature of Applicant or Authorized Representative

Witness' Printed Name

Printed Name and Title of Authorized Representative

Witness' Signature

Signature of Authorized Representative of Applicant

Witness' Printed Name

Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

NOTARIZATION FOR ADMINISTRATORS GRANTED AN EXCEPTION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____ and _____ who, after being duly sworn, did depose and say that all information contained in this application and all attachments thereto is, to the best of his knowledge, true, complete and correct. Each did furthermore certify that the administrator named herein continues to act solely as an administrator of one or more bona fide employee benefit plans established by an employer or employee organization, or both, for which the insurance laws of this state are preempted pursuant to the Employee Retirement Income Security Act of 1974 and is, therefore, not required to hold a license as an administrator in the state of Louisiana.

Witness' Signature

Signature of Applicant or Authorized Representative

Witness' Printed Name

Printed Name and Title of Authorized Representative

Witness' Signature

Signature of Authorized Representative of Applicant

Witness' Printed Name

Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____



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Phone (225) 342-5900
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**NOTICE OF CONTRACT BETWEEN
THIRD PARTY ADMINISTRATOR AND INSURER**

Third Party Administrator General Information (Type or Print)

ADMINISTRATOR NAME : _____

TRADE NAME: _____

FEIN NO.: _____ DOMICILE: _____

HOME OFFICE ADDRESS: _____

CONTACT PERSON: _____

CONTACT TITLE: _____ PHONE: _____

Insurer General Information (Type or Print)

COMPANY NAME: _____

TRADE NAME: _____

FEIN NO.: _____ DOMICILE: _____

HOME OFFICE ADDRESS: _____

CONTACT PERSON: _____

CONTACT TITLE: _____ PHONE: _____

Under the terms of the contract between the above named individuals, the administrator will be responsible for the following:

Solicitation of Coverage

Collection of Charges of Premium

General Management Services

Claims Payments

Underwriting

Claims Adjustments

Distribution of Advertising Material

Other _____

The physical address where the books and records under this contract will be maintained.

The effective date of the above referenced contract is _____

Printed Name of Administrator Representative

Signature of Administrator Representative

Date

Title of Above Signed