

OFFICE OF THE  
COMMISSIONER



STATE OF DELAWARE  
DEPARTMENT OF INSURANCE

## SURRENDER OF THIRD PARTY ADMINISTRATOR CERTIFICATE OF AUTHORITY

Please submit completed form along with **original** Certificate of Authority/License to:

Company Regulation (BERG)  
Delaware Department of Insurance  
1351 West North Street, Suite 101  
Dover, DE 19904

If original license cannot be located, please submit an Affidavit of Lost License.

Third Party Administrator (TPA): \_\_\_\_\_

License Number: \_\_\_\_\_ FEIN#: \_\_\_\_\_

My name is \_\_\_\_\_ (printed name of company representative). I am of sound mind, capable of making this statement, and have personal knowledge of these facts, which are true and correct.

I hold the office of \_\_\_\_\_ (title) for the above-referenced company, which with the submission of this completed form, is knowingly and voluntarily surrendering its third party administrator authority. I am duly authorized by the organization to execute this statement.

The company ceased operations requiring TPA authority \_\_\_\_\_ (date). To my knowledge, all required fees/taxes due to the Department have been paid, and there are no current enforcement cases against the company. If the company has transferred its business to another TPA, I have confirmed that the new entity is properly licensed to the Delaware Department of Insurance to engage in the business of a TPA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Area Code and Phone No.

\_\_\_\_\_  
Email address