



**THIRD PARTY ADMINISTRATOR
ANNUAL RENEWAL FORM**

FINANCIAL REPORT FOR YEAR ENDING: _____

Information pertaining to Third Party Administrators is available pursuant to [18 Del. Admin. C. § 1406](#). Annual Renewals are due on or before July 1st. **The renewal filing fee is \$100.** Renewals will not be accepted greater than 60 days prior to renewal date.

Company Name: _____

Address: _____

Is this a New Address? YES or NO

Phone: _____ Fax: _____

FEIN: _____ License No.: _____

RESIDENT TPA's:

1. Attach the Audited Financial Report verified by at least **two officers** for the period ending as of the preceding calendar year. [18 Del. Admin. C. § 1406-15.1-15.3](#)

Note: A letter of explanation must be submitted if an Audited Financial Report is not submitted.

2. Attach complete names and addresses of all insurers with which the administrator had agreements during the preceding fiscal year. [18 Del. Admin. C. § 1406-15.2](#)
3. Attach any Administrative Action and/or Notices from other states (if applicable)

NON-RESIDENT TPA's:

1. Submit Certificate of Authority/Good Standing from Home State [18 Del. Admin. C. § 1406-14.4](#)
2. Attach any Administrative Action and/or Notices from other states (if applicable)

OFFICE OF THE
COMMISSIONER



STATE OF DELAWARE
DEPARTMENT OF INSURANCE

COMPLETED BY:

Printed Contact Name: _____ Date: _____

Signature: _____ Title: _____

Address: _____

Phone: _____ E-Mail Address: _____

Remit filing fee in the amount of \$100 by check, made payable to **Delaware Department of Insurance** (checks with an incorrect payee will be rejected). Incomplete applications will delay processing.

Mail to:

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

Questions may be directed to BERG@delaware.gov

Revised 12/11/2023