

OFFICE OF THE  
COMMISSIONER



STATE OF DELAWARE  
DEPARTMENT OF INSURANCE

### THIRD PARTY ADMINISTRATOR AFFIDAVIT OF EXEMPTION

I do hereby swear and affirm that \_\_\_\_\_ maintains a valid Third  
Party Administrator (TPA) license from \_\_\_\_\_  
Company Name  
State of Domicile

\_\_\_\_\_ represents fewer than 100 lives within the State of  
Company Name

Delaware and, therefore, is exempt from [18 Del. Admin. C. 1406](#). Should the number of lives increase to 100 or more, we will notify the Delaware Department of Insurance and complete the required TPA application for licensure.

\_\_\_\_\_  
Signature/Date

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public