



**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 1<sup>st</sup>. **The renewal filing fee is \$100.** Renewals will not be accepted greater than 60 days prior to renewal date. [TPA Renewal Memorandum](#)

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

**NON-RESIDENT TPA's:**

1.  Submit Certificate of Authority from Home State [18 Del. Admin. C. § 1406-14.4](#)

OFFICE OF THE  
COMMISSIONER



STATE OF DELAWARE  
DEPARTMENT OF INSURANCE

**COMPLETED BY:**

Printed Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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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](mailto:BERG@delaware.gov) or 302-674-7330.

**Revised 01/23/2023**