



Texas Department of Insurance

TPA/Premium Finance Section Mail Code 107-TPA-PF

P. O. Box 149104, Austin, Texas 78714-9104

512-322-3412 or 512-322-3555 telephones • 512-322-4380 fax • www.tdi.state.tx.us

APPLICATION FOR A CERTIFICATE OF AUTHORITY To Do Business As A Third Party Administrator (TPA FORM 2)

1. _____
(name of entity)
hereby makes application for a Certificate of Authority as a Third Party Administrator licensed to do business in Texas.
2. In compliance with Chapter 4151.052 Texas Insurance Code (TIC) and Section 7.1603 Title 28 Texas Administrative Code (TAC), submit the following:
 - A. Name Application (FIN300).
 - B. Assumed Name Certificate, TPA Form 1A, (LHL078). Required if using a name for business other than reserved name.
 - C. Officers and Directors Page (FIN306). (Not required of Partnership or Sole Proprietor).
 - D. Biographicals for each Officer and Director, Partner, or Sole Proprietor, TPA Form 4 (LHL081).
 - E. Ownership information. Identify any owner with more than 10% interest.
 - F. Narrative of entity describing facilities, personnel, experience, and list of states in which performing TPA activities.
 - G. Financial information as required by Chapter 4151.052(4). Three years of financial information required.
 - H. Copy of Fidelity Bond as required by 4151.055 TIC and 7.1613 TAC.
 - I. Service of Process, TPA Form 5 (LHL082). Required for foreign or alien TPA applicants.
 - J. Articles of Incorporation and any/all amendments (**CERTIFIED BY STATE OFFICIAL**). (Not required of Partnership or Sole Proprietor).
 - K. Partnership Agreement. (If Partnership).
 - L. By-laws (**CERTIFIED BY COMPANY OFFICER**). (Not required of Partnership or Sole Proprietor).
 - M. A Texas Certificate of Good Standing or Letter of Exemption from the Texas State Comptrollers Office, <http://www.window.state.tx.us/taxinfo/coasintr.html>, if a corporation or applicable partnership. Businesses new to Texas must complete a Texas Nexus Questionnaire (obtain a copy at: <http://www.window.state.tx.us/taxinfo/taxforms/05-forms.html>.) For information contact 1-800-252-1381.
 - N. Payment of **\$500.00** made payable to the Texas Department of Insurance.

3. Summary of plans currently administered in **TEXAS**.

- (a). _____ Number of Fully Insured Plans
- (b). _____ Number of Self-Funded Political Subdivision Plans
- (c). _____ Number of Self-Funded ERISA Plans
- (d). _____ Number of Cafeteria (Section 125) Plans
- (f). _____ Number of Texas Participants covered by all of the above plans.

4. Name of Entity: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

FEIN: _____

Contact Person: _____
(should be located at the mailing address)

Telephone No: _____

800 No: _____

Fax No: _____

Website: _____

Email: _____

(Note: An email address of a member of the public that is provided for the purpose of communicating electronically with a governmental body is confidential and not subject to disclosure. *TEX. GOV'T CODE §552.137(a)*. However, a member of the public's e-mail address may be released **if the member of the public affirmatively consents to disclosure** of the e-mail address. *TEX. GOV'T CODE §552.137(b)*)

I consent to public disclosure of this email address.

Corporation

Partnership

Sole Proprietorship

5. I know of no reason under the provisions of the Texas Insurance Code why the above named Corporation, Partnership, or Sole Proprietorship is not entitled to a Certificate of Authority.

(Date)

(Authorized Officer, Partner, or Sole Proprietor)