



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**

(TPA CONTACT PERSON)

(TPA NAME)

(ADDRESS)

(ADDRESS)

(CITY, STATE & ZIP)

2006 Third Party Administrator Annual Report (TPA FORM 2A)

TDI Company Number: _____

- 1 Complete and file this TPA Form 2A Annual Report no later than March 1st. Mail to: **Texas Department of Insurance, Mail Code 107- TPA-PF, P O BOX 149104, Austin, TX 78714-9104**, with the \$100.00 Annual Report Fee.
- 2 Download, complete and submit Form LHL088, Exhibits A-D (available in editable format at www.tdi.state.tx.us/forms/lhlicensing/lhl088tpaexhibt.xls). PLEASE total all columns.
- 3 Submit documents supporting any changes in your Articles of Incorporation/Organization, By-laws, Ownership, Narrative, or Fidelity Bond.
- 4 Submit a completed Officers and Directors Page (copy available at www.tdi.state.tx.us/forms/fincolicense/fin306offdirpg.pdf).
- 5 Enclose a copy of current Financial Statement
- 6 Enclose a photo copy of the completed **TPA Maintenance Tax Report** (original is filed with Texas Comptroller www.window.state.tx.us/taxinfo/taxforms/25-102.pdf)
- 7 Summary of plans administered in TEXAS during preceding year
 - a _____ Number of Fully Insured Plans (as indicated on Form LHL088, Exhibit A)
 - b _____ Number of Self-Funded Political Subdivision Plans (Form LHL088, Exhibit B)
 - c _____ Number of Self-Funded ERISA Plans (Form LHL088, Exhibit C)
 - d _____ Number of Cafeteria (Section 125) Plans (Form LHL088, Exhibit D)
 - e _____ Texas Participants (total lives from all exhibits)

I hereby certify that all of the information required for the issuance of a Certificate of Authority to do business as a Third Party Administrator continues to be true and correct.

DATE

AUTHORIZED OFFICER, PARTNER, OR SOLE PROPRIETOR

8 Please notify us of any changes in the following:

NAME OF TPA:
DBA:
MAILING ADDRESS:
CITY, ST, ZIP:
PHYSICAL ADDRESS:
CITY, ST, ZIP:
HOME OFFICE:
FEIN:
CONTACT PERSON:
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.