



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 INSURERS/HMO'S  
TO ACT AS A THIRD PARTY ADMINISTRATOR (TPA FORM 6)**

1. This form is to be used by insurers and health maintenance organizations to notify the Texas Department of Insurance in compliance with Section 24, Article 21.07-6, Texas Insurance Code that they are acting as a third party administrator.
2. Company Name: \_\_\_\_\_  
 TDI Company No.: \_\_\_\_\_  
 NAIC No.: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ ( ) \_\_\_\_\_  
 Point of Contact \_\_\_\_\_
3. Provide a narrative describing facilities, personnel, and experience relating only to functions as an administrator and a list of other states in which the company performs TPA activities. Changes to this information will be updated on the annual report.
4. The Information provided is true and correct, to the best of my knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Authorized Officer

Subscribed and sworn to before me, by the said \_\_\_\_\_  
(name and title)

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to

certify which witness my hand and seal of office.

\_\_\_\_\_ Notary Public (Signature)

\_\_\_\_\_ Printed or Stamped Name

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.