



**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**

\_\_\_\_\_  
(CONTACT PERSON)

\_\_\_\_\_  
(TPA NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE & ZIP)

**2006 Third Party Administrator Annual Report for Insurance Companies and HMOs (TPA FORM 6A)**

TDI Company Number: \_\_\_\_\_

- 1** Complete and file this TPA Form 6A 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/lhllicensing/lhl088tpaexhibt.xls](http://www.tdi.state.tx.us/forms/lhllicensing/lhl088tpaexhibt.xls) ). PLEASE total all columns.
- 3** 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)
- 4** Provide updates to any narrative of entity describing facilities, personnel and experience relating only to functions as an administrator and a listing of other states in which performing TPA activities.
- 5** Provide 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](http://www.window.state.tx.us/taxinfo/taxforms/25-102.pdf) )

I hereby certify that all of the information is true and correct to the best of my knowledge.

DATE

AUTHORIZED OFFICER, PARTNER, OR SOLE PROPRIETOR

**6** Please notify us of any changes in the following:

NAME OF INSURER/HMO:
DBA (used for TPA business):
MAILING ADDRESS:
CITY, ST, ZIP:
PHYSICAL ADDRESS:
CITY, ST, ZIP:
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.