# OKLAHOMA INSURANCE DEPARTMENT

Submit completed forms to:

Oklahoma Insurance Department
Attn: Financial Division
3625 NW 56th St, Suite 100, Oklahoma City, OK 73112

## THIRD-PARTY ADMINISTRATOR ANNUAL REPORT WAIVER APPLICATION

TPA Annual Report Waiver Application for the preceding calendar year is required to be filed with the Oklahoma Insurance Department on or before May 1st of each year.
This is mandated by 36 O.S. § 1452(B).
**There is no fee with this waiver.**
If you have any questions, please contact DeAnn Robinson at (405) 521-6648 or by email at deann.robinson@oid.ok.gov

……

TPA Entity Name: _____

TPA Entity License #: 8 6 ☐☐☐☐

TPA Individual Name (if individual license is applicable):_____

TPA Individual License #_____

(Please list all TPA license numbers issued for Company and individual(s).)

Address: _____

_____

Annual Report Year: _____ Date Completed: ☐☐/☐☐/☐☐

1. Please indicate whether your organization **collects premiums and/or adjusts, adjudicates, or settles claims** for an insurer or trust in connection with life, health, annuities or employee benefit stop loss plans in this state?

   ○ Yes (if yes, see #2) ○ No (if no, go to #3)

2. If your organization does **collect premiums and/or adjust, adjudicate, or settle claims** for an insurer or trust in connection with life, health, annuities or employee benefit stop loss plans in this state the organization must file the TPA Annual Report Form. The TPA is not eligible to file the TPA Annual Report Waiver Application.

Statutes for Third-Party Administrators are located in 36 O.S. §1441-1452.
****Note: TPAs that administer ERISA only plans with no stop loss benefits must file the TPA Annual Report Waiver Application.**

TPA Name: _____

3. Please answer the following questions:

   a) Has the TPA had any business or activity in the past calendar year?
      Yes No
   b) Has the TPA administered any insurance plans or business in the past calendar year?
      Yes No
   c) Are there any funds under the licensed administrator's oversight and administration?
      Yes No

4. Please briefly describe the business services the TPA provides in Oklahoma.
   (Explain, do not write none or leave blank.)

   _____

   _____

   _____

5. List the name, telephone number and email of the person to contact regarding this report:
   Name: _____

   Phone #: _____ Email: _____

---

I, _____, being first duly sworn, state that I have fully read and understand this waiver application and that the answers supplied therein are true and correct to the best of my knowledge and belief, and I further state that I recognize the applicable insurance laws of the State of Oklahoma and the rules and regulations of the Oklahoma Insurance Commissioner governing this waiver application, and also understand that if, at any point, the functions of a third-party administrator are resumed by the entity for which this waiver application covers, then the laws applicable to third-party administrators, including the requirement imposed upon third-party administrators to file an annual report, shall be complied with.

_____ _____

Signature Title

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires: _____.

(SEAL)

_____

Notary Public

**Must be original signatures.**