



89 Main Street, Montpelier, VT 05620 - 3101
(p) 802-828-2470 | <http://www.dfr.vermont.gov/>

VERMONT THIRD PARTY ADMINISTRATOR ANNUAL REPORT FORM

Return this form and supporting documentation to:

Vermont Department of Financial Regulation
ATTN: Company Licensing, Insurance Division
89 Main Street
Montpelier, VT 05620-3101
Or
DFR.CompLic@vermont.gov

Third Party Administrator (TPA) License Annual Report under Rule I-2021-01, Section 16.

As of December 31st due on or before July 1st of each year.

1. Name and FEIN # of TPA:

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(Complete name under which business is conducted)

2. Does the TPA hold monies in a fiduciary capacity under Section 9 of the Rule?
 Yes No

If **yes**, submit audited financial statement performed by an independent certified public accountant per Section 16 of the Rule.

If **no**, submit financial statements certified by at least (2) officers of the TPA to be true and correct per Section 16 of the Rule.

3. Include the complete names and addresses of all payors with which the TPA had agreements during the preceding fiscal year. If you require additional space, attach a separate list.

Name:

Address:

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4. If there have been any changes to a nonresident TPA license from the original application, please submit a letter and new certification.

I AM A NATURAL PERSON AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT. I HAVE PERSONAL KNOWLEDGE OF THE INFORMATION IN THIS ANNUAL REPORT AND/OR HAVE EXERCISED DUE DILIGENCE TO CONFIRM THE ACCURACY OF THE INFORMATION IN THIS ANNUAL REPORT. I CERTIFY THAT BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS SUBMITTAL ARE TRUE, ACCURATE, AND COMPLETE.

Name

Date

Signature