

Annual Report for _____ for March 1, 20____

Name of the Third-Party Administrator ("TPA")

TPA LICENSE NO. _____

1. Please provide the following information for each insurer with which the TPA had an agreement during the preceding calendar year.

Name of Insurer	Address of Insurer	Contact Name	Contact Number

Attach additional pages as needed.

TPA Annual Report for March 1, 20____ (continued)

- 2. Please submit a renewal certificate for the Surety Bond in the amount of at least \$100,000.**

- 3. Please submit annual AUDITED financial statements for the most current fiscal year certified by an officer of the TPA and prepared in accordance with Generally Accepted Accounting Principles.**

Two authorized officers of the TPA must sign below.

_____	_____	_____	_____
Signature (officer/owner)	Date	Signature (officer/owner)	Date
_____		_____	
Name (print)		Name (print)	
_____		_____	
Title		Title	

The annual report shall be filed electronically at ins-examtpa@dcca.hawaii.gov