



South Carolina Department of Insurance

Capitol Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

HENRY McMASTER

Governor

RAYMOND G. FARMER

Director

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6095

Third Party Administrator Additional Renewal Application Questions

Company Name _____

License Number _____

Renewal Year _____

Contact Name: _____ Phone Number: _____

Email Address: _____

1. Is there a physical office in the State of South Carolina? _____
2. List all insurance companies that the company has a written agreement with that cover residents of South Carolina
(Attach a separate sheet if needed)

3. List all self-insured entities that cover residents of South Carolina
(Attach a separate sheet if needed)

4. List all multiple employer's plans that cover residents of South Carolina *(Attach a separate sheet if needed)*

5. Type of Service provided (answer yes or no)
 - a. Premium Collection only _____
 - b. Claim Payment only _____
 - c. Underwriting _____
 - d. Premium Collection and Claim Payment _____



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- 6. For each insurer (including any self-insured plan) during the period covered by this report, the total premiums collected or managed, and the total claims paid or payable by the administrator. South Carolina business only. *(Attach page(s) to your annual report)*
 - a. Complete Name of Insurer or Self-Insured Plan
 - b. Number of South Carolina Insureds
 - c. Amount of South Carolina Premiums
 - d. Number of South Carolina Claims Payable

7. Financial Statement attached? _____

8. Financial Security attached? (surety bond, Letter of Credit, Certificate of Deposit, or Corporate Guaranty). *Please be advised, at renewal an increase in security pledged may be increased as stated in updated Code Law 38-51-30. If an increase is needed, the Department of Insurance will be in contact. This process will not hold the renewal.* _____

9. Have there been any changes or additional agreements this period? If yes, please attach. _____

10. Have there been any changes to the officers/directors that the company has not notified the Department of Insurance about? If yes, please attach a biographical affidavit for each. _____

I certify that I will comply with all applicable provisions of Title 38, Chapters 39 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Applicant under which this form is required.

Signature _____

Date _____

Name _____

Position _____

Subscribed and sworn to me before this _____ day of _____, 20____.



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Notary Signature _____

My Commission Expires _____

County of _____

State of _____

(Notary Seal Affixed Here)