



THIRD PARTY ADMINISTRATOR VOLUNTARY SURRENDER REQUEST

INSTRUCTIONS

- 1. Submit the completed surrender request and any required documentation via email to specialtylicensing@doi.sc.gov.
2. There is no fee to surrender.
3. A Third-Party Administrator Licensee currently under investigation by the Department of Insurance may not voluntarily surrender its license.
4. A Third-Party Administrator Licensee must pay any outstanding monies owed to the South Carolina Department of Insurance before the surrender request can be processed.
5. If the license terminates for failure to renew before submission of this surrender request, the failure to renew will supersede the surrender, and the request will not be processed.
6. S.C. Code Ann. § 38-51-60 requires the third-party administrator to maintain at its principal administrative office for the duration of the written agreement referred to in Section 38-51-40 and five years thereafter adequate books and records of all transactions among the administrator, insurers, and insured persons.
7. This surrender is not effective until reviewed and approved by the Department of Insurance.
8. The Department of Insurance may require the submission of additional documentation and/or information, and the Third-Party Administrator Licensee requesting surrender may be required to address any outstanding supervisory, regulatory, or other similar issues.
9. Please submit any questions regarding this form via email to specialtylicensing@doi.sc.gov.

GENERAL INFORMATION

Table with 2 columns and 5 rows containing fields: Business Name as it Appears on License, National Producer Number (NPN), SC License Number, Requested License Surrender Date, Name of Authorized Representative Submitting Request, Authorized Representative Title, Authorized Representative Email, Authorized Representative Telephone, Reason for License Surrender.



BOOK, RECORDS, AND COMPLAINTS

Physical Location where books and records will be maintained:	
Custodian for Company Books and Records:	
Name:	Title:
Address:	Phone:
	Email:
Consumer Complaint Contact:	
Name:	Title:
Address:	Phone:
	Email:

BUSINESS ACTIVITY

In the past twelve months, did Licensee provide third-party administration to any clients and/or policyholders in South Carolina?	Yes <input type="checkbox"/> No <input type="checkbox"/> number of clients: _____ number of policyholders: _____
Date Licensee ceased doing business as a third-party administrator in South Carolina.	
How much advance notice was provided to clients and/or policyholders in South Carolina?	
How were clients and/or policyholders notified? *Provide a copy of the notification to clients and policyholders, as well as a copy of the clients' acknowledgement of this notice.	Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____
Provide a list showing the date on which the written agreement between Licensee and the insurers, including self-insured, for South Carolina business ended.	

I have full authority to execute this request as I am an Owner Officer Partner Director on record. By signing this form, I am requesting that the South Carolina Department of Insurance inactivate the Third-Party Administrator license in South Carolina.

Furthermore, I understand that by surrendering the Company's license to transact business in South Carolina, that as of the date of surrender, the Company will no longer be able to conduct the business as a Third-Party Administrator in South Carolina and that it may no longer act as, or hold itself out to be, a Third-Party Administrator in South Carolina.

I have retained a copy of this request for the Company's records and attest that this form is written notice to the Director of the surrender of said license.

(Signature)

(Date)

(Print Name)

(Date)

SWORN TO and subscribed to me this _____ day of _____, 20__ __.

(seal)

Signature of Notary

Printed Name of Notary

State of _____

County of _____

My commission expires _____