



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**INSTRUCTIONS FOR
ANNUAL REPORT FOR A
THIRD PARTY ADMINISTRATOR
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the annual report in complying with all statutory and administrative requirements for the submission of the annual report to the Louisiana Department of Insurance (LDOI). The forms and procedures of the reporting process are designed to facilitate our review of the report. Therefore, it is extremely important that all administrators comply fully with the instructions and requirements set forth in this packet.

Direct all communication to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Or
1702 3rd St., Baton Rouge, LA 70802
Phone: (225) 342-1252
Fax: (225) 342-7401
E-Mail Address: tpaannual@ldi.state.la.us

While the LDOI will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

1. Annual reports must be post-marked no later than March 1 of the year due.
2. The information contained in the annual report is for the year ended December 31 of the year previous to the filing. The report should only include information up to the reporting deadline of December 31. Furthermore, reports should not be postmarked before January 1 of the filing year.
3. All submittals in association with this report must reach the LDOI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. Send all correspondence to the attention of the Louisiana Department of Insurance Company Licensing Division to assure prompt receipt and handling.
4. Submit only a fully completed report. Submittal of a partially completed report will cause processing delays and may result in rejection of the report.
5. Do not alter the forms contained in this packet. If you feel the requirements do not apply to the administrator making the report, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
6. All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.

7. All entries in the report forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the rejection of the report.
8. When designating a contact person, please remember that all correspondence from our Department in regard to the report will be directed to this individual. Therefore, please choose a person who will be able to respond to most inquiries or direct them to the appropriate person for response. We must be notified in writing of any change in the contact person during the course of the year.
9. The annual report is intended comply with the provisions of La. R.S. 22:1653. La. R.S. 22:1651H requires that notice of certain changes must be submitted within sixty days of the effective date of the change. Submission of the required information with the annual report will not satisfy the statutory requirement if the information is submitted beyond that sixty day time-frame.
10. It is the responsibility of the administrator to insure that none of the responses and submittals in association with this report conflict with the information filed with the domiciliary or any other regulatory agency. Conflicting information may result in regulatory action.

SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE

This application is designed to comply with La. R.S. 22:1653 and to be an authentic act under Louisiana law. As such, the attestation page requires the signature of two officers which must be witnessed by two persons AND executed before a notary.

If the application is filed in the name of an individual, the individual must sign the application. If the application is filed for other than a natural person (individual), the application must be signed by two officers or other comparable responsible person (, director, partner, member, etc.).

INSTRUCTIONS FOR REQUESTING AN EXTENSION OF THE FILING DATE

The annual report for administrators is due by March 1 of each year. If administrators have a legitimate need for an extension of this deadline they must request this extension in writing at least fourteen days and no more than thirty days prior to the filing date. The request must include a detailed explanation of why the extension is needed.

Extensions of the deadline will be given in thirty (30) day allotments and only under the most extreme circumstances will companies be given an extension of more than sixty (60) days.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the annual report package and process.

Q: Is there a difference between a "service company" as mentioned in Title 23 and a third party administrator?

A: Because of the type of services commonly performed for workers compensation self-insured funds by service companies, such companies may fall into the definition of a third party administrator as set forth in La. R.S. 22:1641(1). Therefore, each entity acting as a service company for such a fund should review the definition and determine if it would be considered a third party administrator.

Q: Will I be notified of the acceptance of my report?

A: Each administrator will be notified of the acceptance of the annual report. This notification or a request for additional information can be expected thirty (30) to sixty (60) days from our receipt of the report.

Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. The forms are made available on our web site in a format that allows for entry of information directly onto the form.

Q: If an administrator is not licensed until late in the year, are they still required to file an annual report?

A: Yes. All administrators licensed on or before December 31 of the reporting year must file an annual report for that year and pay the annual report fee.

Q: What is the penalty for failure to file the annual report on or before the due date ?

A: Pursuant to La. R.S. 22:1654B (1) an administrator which violates any provision of the insurance laws of this state may be fined up to \$5,000.00 per violation and may have its license revoked or suspended.

Q: If an administrator wishes to surrender it's license or otherwise cease doing business in Louisiana, can this be accomplished by not filing the annual report?

A: No. The annual report is a report, not a renewal. If an administrator wishes to surrender the Louisiana license, they may do so by returning the license with the annual report but any administrator licensed on December 31 is responsible for the annual report for the preceding year and filing the annual report fee.



LOUISIANA DEPARTMENT OF INSURANCE
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**ANNUAL REPORT FOR A
THIRD PARTY ADMINISTRATOR
IN THE STATE OF LOUISIANA**

General Information (Type or Print)	
ADMINISTRATOR'S NAME: _____	
TRADE NAME: _____	
FEIN OR SOCIAL SECURITY NO.: _____	DOMICILE: _____
ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 20_____	
CONTACT NAME: _____	CONTACT TITLE: _____
PHONE: _____	FACSIMILE: _____
CONTACT ADDRESS: _____	

E-MAIL: _____	

FEES	
Annual Report Fee = \$300.00 or reciprocal for an administrator domiciled outside of Louisiana where the annual report fee charged by the domiciliary state to a Louisiana domiciled administrator is greater than \$300.00.	\$_____.
Make all checks payable to the Louisiana Department of Insurance	

SECTION 2 – ADDRESSES AND CONTACT INFORMATION

DOMICILE ADDRESS: Below give the domiciliary address of the administrator.		
City:	State:	Zip:

MAILING ADDRESS: Below give the mailing address of the administrator.		
City:	State:	Zip:

ADMINISTRATIVE OFFICE ADDRESS: Below give the physical address of the main administrative office of the administrator.		
City:	State:	Zip:

BOOKS AND RECORDS LOCATION: Below give the physical address where the books and records of the administrator are available for inspection by the Louisiana Commissioner of Insurance.		
City:	State:	Zip:

Below give the appropriate phone number for the indicated function:	
FUNCTION	PHONE NUMBER
Primary Phone Number of Administrator	
General Consumer Inquiries	
Consumer Inquiries Regarding Claim Payments	
Consumer Inquiries Regarding Premium Payments	
Other (explain)_____	
Other (explain)_____	
Other (explain)_____	

SECTION 3 - SOLICITATION INFORMATION

Will the applicant be managing the solicitation of new or renewal business or directly soliciting insurance contracts or otherwise acting as an insurance producer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, provide the name and Louisiana producer license number for the licensed Louisiana producer performing the solicitation. If the producer is other than the administrator, indicate whether the producer is an employee of or under contract with the applicant.		
Producer Name	Louisiana License Number	Status (Employee or Under Contract)

SECTION 4 - INTERROGATORIES

Answer all of following questions. ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS. However, if the administrator has previously supplied the requested information to the LDOI and there are no supplemental documents or explanations to what was previously supplied, you may incorporate the previous explanation by reference herein.

1) Has the administrator made any changes to its Articles of Incorporation, Articles of Association, Partnership Agreement, bylaws, rules, regulations or other such organizational documents which have not been filed with this Department? (If yes, provide a copy of the amended document certified by the proper domiciliary state official.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the administrator made any changes to its operating practices which would invalidate or make obsolete the plan of operation filed with this Department? (If yes, please supply an amended plan of operation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Are there any persons responsible for the conduct of affairs of the administrator, including all officers*, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the administrator and any other person who exercises control or influence over the affairs of the administrator, for whom biographical affidavits have not been filed with this Department? (If yes, submit completed biographical affidavits for each such person and the effective date of the election/appointment of this person.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Does the administrator have contracts with any insurer for which a Notice of Contract Form has not been supplied to this Department? (If yes, submit a completed Notice of Contract Form for each such contract.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Is the administrator part of an insurance holding company group? (If yes, provide the holding company group code assigned by the NAIC. _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Has the administrator ever had an application denied by any state or federal regulatory authority?(If yes, provide details including the type of application, the identity of the authority which issued the denial, the reasons for the denial and an explanation of any subsequent events.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* "Officer" is defined by La. R.S. 22:1531 as president, vice president, treasurer, actuary, secretary, controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

SECTION 4 – INTERROGATORIES - Continued

<p>7) Has the administrator or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the administrator ever had a Certificate of Authority or license suspended or revoked by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>8) Has the administrator ever been subject to any regulatory action including cease and desist orders, fines, consent agreements or similar actions? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>9) Has the administrator ever been placed into any type of regulatory supervision or rehabilitation by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action, an explanation of any subsequent events and an explanation of the current status.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>10) Is the administrator currently involved in any dispute or controversy with any regulatory authority?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>11) Has the administrator ever been the subject of bankruptcy or liquidation proceedings? (If yes, provide the jurisdiction of the proceedings, the docket number, the current status and the date of final dispensation.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>12) Is the administrator currently a defendant or the subject of any legal action alleging fraud, dishonesty or breach of trust on the part of the administrator or its officers, directors, trustees or members? (If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>13) Has the administrator or any person who is presently an officer, director or owner of 10 percent or more of the administrator ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or bill of information, in any jurisdiction, charging a felony or misdemeanor other than minor traffic violations?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>14) Within the last two years, has the administrator undergone a change in ownership (direct or indirect) of 10 percent or more? (If yes, provide a full explanation of the change in ownership and a organizational/ownership chart which clearly shows the ownership of the administrator both before and after the transaction.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>15) Does the administrator pay any representative given discretion as to the settlement or adjustment of claims, whether in direct negotiations with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>16) Do any of the officers, directors, partners, trustees or owners of the administrator serve as officers, directors, or trustees of any workers compensation self-insured fund formed pursuant to Title 23 of the Louisiana Revised Statutes for which the administrator acts as a third party administrator?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>17) Does the administrator currently act as a third party administrator for any insurer with which it does not have a written contract?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>18) Is the administrator currently entered into any agreement or understanding with any insurer in which the effect of the agreement is to make the amount of the administrator's commission, fees, or charges contingent upon savings realized in the adjustment, settlement, and payment of losses covered by the insurer's obligations?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 5 - LIST OF CONTRACTS

List the full legal name and address of all insurers for which the administrator acted as a third party administrator during the reporting year. All of the requested information must be supplied and group names may not be used. For the purposes of this annual report this list should include only life, health and accident or annuity coverages and plans of self –insurance which provide health and accident or workers compensation coverage . The list must also include group self- insurance funds formed pursuant to La R.S. 23:1195. PLEASE INCLUDE ONLY PLANS WITH PARTICIPANTS IN LOUISIANA. DO NOT INCLUDE PLANS EXEMPTED FROM STATE REGULATION BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA).

NAIC #	INSURER NAME (Do not use group names)	TYPE OF ENTITY	TYPE OF COVERAGE ADMINISTERED (check all that apply)
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation
		<input type="checkbox"/> Licensed Insurer <input type="checkbox"/> Plan of Self Insurance	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Annuity <input type="checkbox"/> Workers Compensation

SECTION 7 - LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (no initials), Social Security number, date of birth, percentage of ownership (if applicable) and position with the administrator of all natural persons responsible for the conduct of affairs of the administrator. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and every natural person owning, directly or indirectly, 10 percent or more of the administrator and any other natural person who exercises control or influence over the affairs of the administrator. **IF THERE ARE NEW OFFICERS/DIRECTORS FROM THE PREVIOUS YEARS REPORT YOU MUST PROVIDE THE DATE (INCLUDING MONTH, DAY AND YEAR) OF ELECTION OR APPOINTMENT OF EACH AND, IF THERE ARE ANY INDIVIDUALS WHO WERE LISTED IN THE LAST ANNUAL REPORT BUT WHOM ARE NO LONGER WITH THE ADMINISTRATOR, YOU MUST PROVIDE THE DATE OF TERMINATION.**

FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		DATE OF ELECTION/APPOINTMENT:

ATTESTATION

+

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
and _____ who, after being duly sworn, did depose and state
that all information contained in this annual report and all attachments thereto is, to the best of his/her knowledge, true, complete
and correct.

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness

Signature of Applicant or Authorized Representative

Printed Name and Title of Authorized Representative

Signature of Authorized Representative of Applicant

Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this _____ day of _____, 20 ____.

Signature of Notary

Printed Name of Notary

NOTARIAL SEAL

My Commission Expires _____