



South Carolina Department of Insurance

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

Mailing Address:
P. O. Box 100105, Columbia, SC 29202-3105
Telephone: (803) 737-6099 or (803) 737-6181

ALL INFORMATION MUST BE PROVIDED. ALL RENEWALS MUST DISCLOSE A CONTACT PERSON AND TELEPHONE NUMBER. ANY INCOMPLETE REPORT RECEIVED WILL BE RETURNED.

TO: All Administrators of Insurance Benefit Plans (TPAs)

FROM: Director of Insurance of South Carolina

SUBJECT: Procedures for Continuation of Administrator of Benefit Plans (TPA)
License for the Year Ending 2018

Pursuant to S.C. Code Ann. §38-51-20, attached is the renewal application (Form 1030RN) for the calendar year 2018 for the continuation of your Administrator of Benefit Plans (TPA) certificate of license. **Please note that the 2018 renewal will be available through NIPR (www.nipr.com).**

Please complete Form 1030RN for calendar year 2018. As a reminder, an officer must sign the report if the administrator is a corporation; a partners must sign if the administrator is a partnership; and if sole proprietorship, the individual proprietor must sign. If necessary, attach additional sheets to identify the plans reported on Section 3, 4 and 5 on Form 1030 RN. The renewal fee is \$100.00 (**All fees are non-refundable upon receipt**). **FAILURE TO FILE THE RENEWAL FORM AND FEES BY THE STATED DEADLINE WILL RESULT IN A PENALTY.** To ensure the application is properly completed, you must comply with the following:

Section 1. Provide a listing of all officers and directors affiliated with the administrator. Attach a biographical affidavit for each officer and director. All biographical affidavits must be signed and notarized. NAIC biographical affidavit is acceptable. **If you previously filed bios on officers/directors last renewal period, you will not have to re-file bios unless there is a change in the officer's information from last filing. We do accept NAIC biographical affidavit forms.**

Section II. In accordance with Code Section 38-51-30, please indicate below the type of security pledged to the South Carolina Department of Insurance. Attach a copy (**Continuation or Verification Certificate from your insurance carrier or financial institution**) of the security pledged to Form 1030RN with the expiration date (if applicable).

- Surety Bond Certificate of Deposit Letter of Credit Corporate Guaranty

Section III. Provide a list of all administrative/service agreements (covering lives in this state S.C. only) currently in-force or amended since the last renewal period covering residents of this State. **Amended agreements must be attached.**

Submit your year-end financial statement. All financial statements must include a **balance sheet and income statement**. All financial statements must be signed by the president or an officer of the company and executed before a Notary Public.

Section IV. List all single employer entities that cover residents of this State. (Attach a separate sheet if necessary).

Section V. List all multiple employers' plans that cover residents of this State. (Attach a separate sheet if necessary).

All reports and related items must be received by **March 1, 2018**. Any filings received after March 1 may be subject to administrative disciplinary action.

APPLICATION FOR RENEWAL OF ADMINISTRATOR OF INSURANCE BENEFIT PLAN
FOR THE LICENSING PERIOD 03/01/20 17 THROUGH 02/29/2018

Mail to: SOUTH CAROLINA DEPARTMENT OF INSURANCE
ATTN: SPECIAL LICENSING 1201 Main Street, Suite 1000
Columbia, South Carolina 29201
803-737-6099 or 737-6181

Company Name: _____ Company Code: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ E-mail: _____ Contact Person Phone # _____

THE RECORDS OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE REFLECT THAT YOUR ORGANIZATION IS CURRENTLY LICENSED AS AN ADMINISTRATOR OF INSURANCE BENEFIT PLAN PURSUANT TO THE REQUIREMENT OF S.C. CODE ANN. 38-51-20 (SUP 1997). **YOUR CONTINUATION LICENSE FEE IS \$100.** PLEASE MAKE YOUR CHECK PAYABLE TO SOUTH CAROLINA DEPARTMENT OF INSURANCE. THIS APPLICATION MUST BE COMPLETED AND IN THIS OFFICE WITH ALL OTHER REQUIRED ITEMS AND FEES ON ARE BEFORE 03/01/2018.

SECTION I – LIST ALL OFFICERS AND DIRECTORS (If bios were filed in prior years – do not submit bios)

1. _____
2. _____
3. _____

SECTION II – PROVIDE EXPIRATION DATE OF SECURITY PLEDGED

Expiration Date of Surety Bond (include copy of security pledged or certificate of continuation) _____

SECTION III – LIST ALL INSURANCE COMPANIES THAT COVER RESIDENTS OF SOUTH CAROLINA (Attach a separate sheet if necessary)

1. _____
2. _____
3. _____

SECTION IV – LIST ALL SELF INSURED ENTITIES THAT COVER RESIDENTS OF SOUTH CAROLINA (Attach a separate sheet if necessary)

1. _____
2. _____

SECTION V – LIST ALL MULTIPLE EMPLOYER’S OR SINGLE EMPLOYER’S PLANS THAT COVER RESIDENTS OF SOUTH CAROLINA (Attach a separate sheet if necessary)

1. _____
2. _____

APPLICANT’S SWORN STATEMENT

I do solemnly swear that all information contained within this application is complete, true, and correct to the best of my knowledge. Sworn to before me this _____ day of _____.

Signed _____

Title _____