

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) 737-6134

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

MEMORANDUM

10:	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 2015		
Pursuant to S.C. Code Ann. §38-51-20, attached is the renewal application (Form 1030RN) for the calendar year 2015 for the continuation of your Administrator of Benefit Plans (TPA) certificate of license.			
Please complete Form 1030RN for calendar year 2015. 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).			
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 file 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.			
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 of the security pledged to Form 1030RN with the expiration date (it applicable).			
□Sur	ety Bond		
Section III. Provide a list of all administrative/service agreements currently in-force or amended since the last renewal period covering residents of this State. <u>Amended agreements must be attached</u> .			
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, 2016. 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 03/01/2015 THROUGH 02/29/2016

Mail to: SCDOI 1201 Mail Street, Suite 1000 Columbia, South Carolina 29201

Company Name:		Company Code:
Physical Address:		
Mailing Address:		
	State: Zip Code:	
Contact Person:	E-mail:	Contact Person Phone #
CURRENTLY LICENSED CODE ANN. 38-51-20 (SU SOUTH CAROLINA DEPA	AS AN ADMINISTRATOR OF INSURANCE IP 1997). YOUR CONTINUATION LICEAN	OF INSURANCE REFLECT THAT YOUR ORGANIZATIN IS EBENEFIT PLAN PURSUANT TO THE REQUIREMENT OF S.C. ISE FEE IS \$100. PLEASE MAKE YOUR CHECK PAYABLE TO CATION MUST BE COMPELTED AND IN THIS OFFICE WITH
SECTION I - LIST ALL O	FFICERS AND DIRECTORS (If bios were	filed in prior years – do not submit bios)
1.		
2.		
3.		
4.		
SECTION II – PROVIDE E	XPIRATION DATE OF SECURITY PLEDG	ED
	d (include copy of security pledged) :	
SECTION III - LIST ALL I	NSURANCE COMPANIES THAT COVER	RESIDENTS OF SOUTH CARONLINA (Attach a separate sheet
1.		
2.		
3.		
4.		
SECTION IV - LIST ALL (SELF INSURED ENTITIES THAT COVER F	RESIDENTS OF SOUTH CAROLINA (Attach a separate sheet if
1.		
2.		
3.		
	L MULTIPLE EMPLOYER OR SINGLE	EMPLOYER PLANS THAT COVER RESIDENTS OF SOUTH
1.		
2.		
3.		
	APPLICANT'S SWO	RN STATEMENT
	all information contained within this applica	ation is complete, true, and correct to the best of my knowledge.
	Signed	1
	Title	

Form No. 1030RN Revised 1/5/2016