



South Carolina Department of Insurance  
 1201 Main Street, Suite 1000  
 Columbia, SC 29201

Office of PBM Oversight & Specialty Licensing  
 P.O. Box 100105, Columbia, SC 29202  
 Telephone: (803) 737-3787  
 Fax: (803) 737-1605  
 Email: specialtylicensing@doi.sc.gov

## Third-Party Administrator Renewal Application Additional Questionnaire Form

Please complete the information below in addition to the NIPR Uniform Application and email to the address above.

### Section 1. Applicant Demographic Information

Name of Third-Party Administrator:	Name and Title of Primary Contact:
Primary Contact Direct Telephone:	Primary Contact Email:

### Section 2. Business Organization

1. Are you authorized to transact business in South Carolina? Attach a Certificate of Authority from the SC Secretary of State	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No			
Yes	No					
2. Indicate the type(s) of services the administrator will provide:	<table style="width: 100%; border: none;"> <tr><td>Premium Collection</td></tr> <tr><td>Claims Payable</td></tr> <tr><td>Premium Collection &amp; Claims Payable</td></tr> <tr><td>Underwriting</td></tr> <tr><td>Other, explain _____</td></tr> </table>	Premium Collection	Claims Payable	Premium Collection & Claims Payable	Underwriting	Other, explain _____
Premium Collection						
Claims Payable						
Premium Collection & Claims Payable						
Underwriting						
Other, explain _____						
3. Attach a list of officers and a Biographical Affidavit for each. *Note: <a href="#">NAIC Biographical Affidavit Form</a> is available on our <a href="#">website</a> .						

### Section 3. Financial Requirements

Pursuant to §38-51-30, Every administrator shall file and maintain with the department a surety bond in favor of the state, executed by a surety company authorized to transact business in this State. In lieu of Bond, a Certificate of Deposit, Letter or Credit or Corporate Guaranty may be submitted for approval.

Select an option below:

Surety Bond

Certificate of Deposit

Letter of Credit

Corporate Guaranty

\*Please be advised, at renewal an increase in security pledged may be requested as stated in SC Code Law §38-51-30.



**Section 4. Business Activity**

<p>1. List all insurance companies that the company has a written agreement with that cover residents of South Carolina. (Attach a separate sheet if needed).</p>	
<p>2. List all self-insured entities that cover residents of South Carolina. (Attach a separate sheet if needed).</p>	
<p>3. List all multiple employer’s plans that cover residents in South Carolina. (Attach a separate sheet if needed).</p>	

4. For each insurer (including any self-insured plans) during the period covered by this report, provide the total premiums collected or managed and the total claims paid or payable by the administrator. ***Provide South Carolina business only.*** (Attach a separate sheet if needed).

Complete Name of Insurer or Self-Insured Plan	Number of South Carolina Insureds	Amount of South Carolina Premiums	Number of South Carolina Claims Payable



**Section 4. Attestation**

I certify that I will comply with all applicable provisions of Title 38, Chapter 51 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 license or imposition of administrative penalties for the Applicant under which this form is required.

Print Name of Officer or Authorized Representative:	Title:
Signature:	Date:

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_

Notary Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

*(Notary Seal Affixed Here)*

