

**Office of Superintendent of Insurance  
Producer Licensing Bureau  
2019 Third Party Administrator Annual Report**

Name of TPA: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Annual Report filing fee is \$50.00. This fee is included in the renewal fee which is paid online at the time of renewal. If you have not already renewed this license, you can do so at [www.nipr.com](http://www.nipr.com)

Pursuant to New Mexico Insurance Regulation, Part 5 Section 13.4.5.19, each administrator shall file Annual Reports for the preceding calendar year with the Superintendent on or before March 1<sup>st</sup> of each year, or within such extension of time therefor as the Superintendent for good cause may grant. The report shall be in the form and contain such matters as the superintendent prescribes and shall be verified by at least two (2) officers or two (2) partners of the administrator, if applicable.

If requested in writing by the administrator, the names and addresses of the insured may be kept confidential by the Superintendent.

The Annual Reports shall include the following information:

1. Name and addresses of all insurers with which the administrator had an agreement during the preceding fiscal year. Attach addendum
2. Name of Self-Insurers with which the administrator had an agreement during the preceding fiscal year. Attach addendum.
3. Do you collect premiums? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you adjust or settle claims? Yes \_\_\_\_\_ No \_\_\_\_\_

Report must be verified by sworn affidavit of two Officers or Administrators.

\_\_\_\_\_  
1) Official Signature

\_\_\_\_\_  
2) Official Signature

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

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

SUBSCRIBED AND SWORN TO before me, the undersigned Notary Public on this day \_\_\_\_\_

of \_\_\_\_\_, 20\_\_\_\_. Notary Public Signature \_\_\_\_\_

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