

**Office of Superintendent of Insurance
Producer Licensing Bureau
2020 Third Party Administrator Annual Report**

Name of TPA: _____

Federal ID#: _____

Address: _____

Contact Person: _____

Telephone Number: _____

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 1st of each year, or within such extension of time therfor as the Superintendent for good cause may grant. The report shall be in the form and contain such matters at 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. Annual Report filing fee of \$50.00
4. Do you collect premiums? Yes _____ No _____
5. 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
