



Attn: TPA Registration Team
Arizona Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269

Phone: (602) 364-3450
Email: TPAinformation@azinsurance.gov

Application for Life and Health Administrator Registration

INSTRUCTIONS

KEEP THIS INSTRUCTIONS PAGE for your records. Do not submit it with your application.

DO NOT APPLY for a life and health administrator Certificate of Registration if you *only* are:

1. An employer on behalf of such employer's employees or the employees of one or more subsidiary or affiliated corporations of such employer.
2. A union on behalf of its members.
3. An insurer authorized to transact insurance in this state, including its employees and sales representatives, to the extent that it collects charges or premiums from or paid on behalf of, or adjusts or settles claims by, residents of this state in connection with life or health insurance coverage or annuities lawfully issued and delivered or assumed in this state and pursuant to the laws of this state or another state and for which the insurer, an affiliated insurer, or an unaffiliated insurer, is presently directly liable.
4. A person other than an insurer, to the extent that the person's activities are limited to the collection of charges or premiums from or paid on behalf of, or the adjustment or settlement of claims by, residents of this state in connection with life and health insurance coverage issued and delivered or assumed by an affiliated insurer authorized to transact insurance in this state and for which the affiliated insurer is presently directly liable.
5. A life or disability insurance producer who is licensed in this state and whose activities are limited exclusively to the sale of insurance.
6. A creditor on behalf of such creditor's debtors with respect to insurance covering a debt between the creditor and its debtors.
7. A trust and its trustees, agents and employees acting pursuant to such trust established in conformity with 29 United States Code section 186.
8. A trust exempt from taxation under section 501(a) of the internal revenue code and its trustees and employees acting pursuant to such trust, or a custodian and its agents and employees acting pursuant to a custodian account which meets the requirements of section 401(f) of the internal revenue code.
9. A financial institution which is subject to supervision or examination by federal or state banking authorities.
10. A credit card issuing company which advances for and collects premiums or charges from its credit card holders who have authorized such collection, if such company does not adjust or settle claims.
11. A person who adjusts or settles claims in the normal course of such person's practice or employment as an attorney and who does not collect charges or premiums in connection with life or health insurance coverage or annuities.
12. An adjuster licensed in this state while acting in accordance with an adjuster's license.
13. A person who acts only as an administrator of one or more bona fide ERISA employee benefit plans established by an employer or an employee organization, or both, for which the insurance laws of this state are preempted pursuant to the employee retirement income security act of 1974 (P.L. 93-406; 88 Stat. 829; 29 United States Code sections 1001 through 1461). If the applicant intends to act as an administrator for any other self-funded plans such as government or school plans, the application is necessary.

Other than as stated above, if in connection with life or health insurance coverage or annuities you collect charges or premiums from Arizona residents or you pay, adjust or settle claims by Arizona residents, complete and submit Form E-100 and all required enclosures along with your \$195 fee (check or money order) made payable to Arizona Department of Insurance.

The application you submit must be complete and accurate. If the application is incomplete or is missing the required enclosures, you will be required to respond within 60 days to all identified deficiencies or the application will be deemed withdrawn pursuant to Arizona Administrative Code R20-6-708. Contact the Financial Affairs Division if you have any questions about the application process. The address and phone numbers are listed above.



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Form E-100: Application for Life and Health Administrator Registration

SECTION A: Applicant Identity			Date Application Completed:		
<div style="background-color: red; color: yellow; padding: 5px; display: inline-block;">IMPORTANT!</div> A business-entity applicant must be organized in good standing with the appropriate government agency. Update outdated information with the other government agency <u>before</u> submitting this application to the Department of Insurance. ARS §§ 20-485.12(B)(2), 20-485.12(F).					
Applicant Legal Name (per Arizona Corporation Commission records):			FEIN #:		
DBA Name (if applicable):			State Incorporated/Organized:		
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____					
SECTION B: Contact Information					
Mailing Address:		City:	State:	ZIP Code:	
Main Administrative Office Address:		City:	State:	ZIP Code:	
Area Code and Phone Number:	Toll Free Phone Number:	Fax Number:			
Contact Person – Name:		E-mail Address:			
Title:		Phone Number:			
SECTION C: Summary of Financial Position. Provide the following information as of <DATE> (ARS § 20-485.12(B)(1):					
1. (INCOME STATEMENT) Net Income		2. (BALANCE SHEET) Current Assets		3. (BALANCE SHEET) Current Liabilities	
4. (BALANCE SHEET) Working Capital			5. (BALANCE SHEET) Owner's Equity		
6a. Amount of Arizona premiums to be collected for an insurer* during the next calendar year:		6b. Arizona claims to be paid for an insurer* during the next calendar year:		6c. Total funds to be handled for an insurer* in the next calendar year (6a + 6b):	
**For an insurer" means premiums collected for or claims paid for an insurer. It excludes funds handed directly for employers or employer trusts.					
7. Additional financial position requirements (if this space is not blank): A response to Section C, Item 1, 4 or 5 was negative. You must ENCLOSE a description of the applicant's plan to become financially solvent, such as capital infusion, parental guarantees, etc. For plans that involve a third party, ENCLOSE a letter from the third party that describes the investments or guarantees the third party is providing to the applicant, and ENCLOSE financial statements (balance sheet and income statement) of the third party.					
SECTION D: Applicant Declaration (ARS § 20-485.12(B)(7))				YES (x)	NO (x)
1. Did the applicant have an insurance license of any kind that was refused, suspended or revoked in Arizona or in any other jurisdiction? If YES , see Section E, Item 15.					
2. Has the applicant been indebted to any person?					
3. Has the applicant had any administrative agreement canceled? If YES , see Section E, Item 15.					

SECTION E: Required Enclosures

1. **ENCLOSE payment of the \$195 fee**, made payable to **Arizona Department of Insurance**
2. **A deposit in favor of the state in the amount of \$_____** (the greater of \$5,000 or 10% of the amount in Section C, Item 6) to be held in trust for the benefit and protection of insureds and insurers whose monies the administrator handles (ARS 20-485.10) by **ONE** of the following methods:
 - a. **Surety bond:** Must be issued by an insurer authorized in Arizona to offer surety bonds; may include individual bonds, schedule or blanket bonds. You **cannot** use an existing fidelity or liability policy to satisfy this requirement. **ENCLOSE Form E-157 and an Attorney-in-Fact.**
 - OR**
 - b. **Certificate of deposit (CD): ENCLOSE one E-125-CD form, two E-150 forms, and the original of the CD.**
 - OR**
 - c. **Marketable security: ENCLOSE one Custody Agreement (Form E-003) and one Form E-125.**
3. **Does the applicant use any name or have any office other than those reported in Section A or Section B?**

YES. ENCLOSE Form E-100-A to report the applicant's complete name and address for all offices in each jurisdiction (ARS § 20-485.12(B)(6)).

NO. You do not need to complete Form E-100-A.
4. **ENCLOSE <WHATEVER FORM OF EVIDENCE FROM THE APPROPRIATE GOVERNMENT AGENCY BASED ON THE APPLICANT'S SELECTION OF "TYPE OF ENTITY" IN SECTION A>**
5. **ENCLOSE nonconsolidated GAAP income statements and GAAP balance sheets for the two preceding years**, certified by an officer of the applicant. ARS § 20-485.12(B)(1)(b)
6. **ENCLOSE a description of the administrator's capacity to collect premiums or administer claims on behalf of the insurer.** Include a summary of the administrator's systems, personnel, subcontracts, and financial resources. ARS § 20-485.12(B)(8)
7. **ENCLOSE the applicant's basic organization documents**, including articles of incorporation/association, partnership agreement, trade name certificate, trust agreement, shareholder agreement, etc. ARS § 20-485.12(B)(2)
8. **ENCLOSE the applicant's bylaws, regulations or similar documents** that regulate the administrator's affairs. ARS § 20-485.12(B)(4)
9. **Does the applicant or any employee of the applicant directly, or through control of any other person, have an ownership interest in any insurer except as a shareholder of less than 1% of the shares of any publicly owned insurer? ARS § 20-485.11(C)**

YES **NO** **APPLICANT DOES NOT QUALIFY FOR THE LICENSE. The applicant/employee is not permitted to have this type of an ownership interest pursuant to ARS § 20-485.11(C).**
10. **Is the applicant owned by another entity that directly or indirectly controls the applicant?** ARS § 20-485.12(B)(3)

YES **NO**
11. **Does the applicant directly or indirectly control any affiliate entity?** ARS § 20-485.12(B)(3)

YES **NO**

You answered "YES" to Item 10 or Item 11, ENCLOSE a holding company system chart that shows the parent/child/sibling relationships among each holding company system member, including each affiliate that directly or directly controls the applicant and every affiliate the applicant directly or indirectly controls. ARS § 20-485(B)(3)
12. **ENCLOSE the insurer-approved written notice that the administrator will provide to insured individuals** that provides the administrator's identity and the relationship between the administrator and the insurer. ARS § 20-485.12(B)(9)

Applicant Name:

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13. How many individuals are responsible for the administrator's affairs?



Count:

Include in your count:

- All members of the board of directors/trustees, members of the executive committee or any other governing board of the committee, PLUS
- *If applicant is a corporation*, all officers and all shareholders that directly or indirectly hold at least 10% of the voting securities of the applicant if a corporation, AND
- *If applicant is a partnership or association*, all partners.

ENCLOSE Form E-100-B to report the name and title of each individual included in the count in this section (above) and **ENCLOSE NAIC Biographical Affidavit Form 11** for each individual listed on Form E-100-B. ARS § 20-485.12(B)(5). **IMPORTANT!** The Department will investigate information provided and may deny a license if the applicant fails to provide complete and truthful information about itself and the individuals responsible for the administrator's affairs.

14. Did any NAIC Biographical Affidavit Form 11 contain a "Yes" response to one or more question in Item 11?

ARS § 20-485.12(B)(5)

- YES. ENCLOSE a copy of the complaint and the filed adjudication or settlement for each matter.**
- NO.**

15. OTHER REQUIRED ENCLOSURES based on responses in other parts of this application form:

You responded YES to Section D, Item 1 or 3. You must ENCLOSE a signed statement detailing all incidents including names of all parties involved, dates and locations, the names and localities of any courts and administrative agencies involved, the disposition of each matter, whether the conviction, plea or finding was for a felony or open-ended charge; AND, you must ENCLOSE copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information that relates to each matter. If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

SECTION F: AFFIDAVIT of an officer of the applicant authorized by the applicant to verify the facts stated in the application. ARS § 20-485.12(B)(10)

I, _____ (name of Officer) being duly sworn,
depose and say that I am the _____ (title of Officer) of
_____ (Applicant)

AND that I am duly authorized to bind the applicant,

AND that all information provided in all sections of this application and in all enclosures herewith are true and correct to the best of my knowledge and belief,

AND that I understand any misrepresentation or omission of a material fact in this application or the enclosures herewith is a ground for denial or revocation of the Certificate of Registration.

I acknowledge that I am familiar with the insurance laws and regulations of the State of Arizona, including but not limited to Arizona Revised Statutes Title 20, Chapter 2, Article 9 (ARS § 20-485 *et seq.*), and I shall comply with the laws of the State of Arizona.

Signature

Date

ARS § 41-1030(G) requires most Arizona government agencies to prominently print the provisions of ARS § 41-1030(B), (D), (E) and (F) on all license applications. The following is the language in ARS § 41-1030(B), (D), (E) and (F): **B.** An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. **D.** This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. **E.** A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. **F.** This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.