TPA Registration Application Checklist

| Type of Application New Renewal | | | | | | | | | | | |
|---------------------------------|---|--|---------------------|---------------------------------|-----|-------|-------|--|--|--|--|
| Nan | ne o | f TPA | AZ# | | | | | | | | |
| DBA Name of TPA, if applicable | | | | | | | | | | | |
| Name of analyst Date ap | | | oplication received | Date review completed | | | | | | | |
| Application Decision | | | | | | | | | | | |
| Decided by: Decisio | | | on date: | Communication date: | | | | | | | |
| | | Requirement | | Statute | N/A | Meets | Fails | | | | |
| 1 | \$19 | 95 fee | | 20-485.12.B | | | | | | | |
| 2 | Ар | plication Form E-100 | | 20-485.12.B | | | | | | | |
| | a. | SECTION A: Applicant is organized in good standing with the appropriate government agency | | 20-485.12.B.2 20-485.12.F | | | | | | | |
| | b. | ALL: Every question on the application is answered | | 20-485.12.B.7 20-485.12.B.10 | | | | | | | |
| | c. SECTION F : The affidavit/attestation is complete and is signed by officer(s) of the applicant. | | olete | 20-485.12.B.10 | | | | | | | |
| | d. | SECTION C, Item 6: Arizona monies, to be handled in the next/were handled during preceding, calendar year | | 20-485.12.B.1.a | \$ | | | | | | |
| | e. | SECTION D, Items 1 or 3: If YES, explanation and documentation enclosed | | | | | | | | | |
| | f. SECTION E, Item 3: If NO, enter N/A. If YES, applicant provided Form E-100-A (Yes or No) and all are complete. | | | 20-485.12.B.6 | | | | | | | |
| | g. | SECTION E, Item 9: If NO, enter Meets. If Y enter Fails. | ES, | | | | | | | | |
| | h. | SECTION E, Items10/11: If NO, enter N/A. either are YES, applicant provided complete holding company system chart (Yes or No). | | 20-485.B.3 | | | | | | | |
| | i. | SECTION E, Item13: Number of biographical affidavits provided match the reported count | al | 20-485.12.B.5 | | | | | | | |
| | j. | Each biographical affidavit is fully completed information is consistent with NAIC RIRS/SA other information sources. | | | | | | | | | |
| | k. | For each biographical affidavit with a YES ar to a background question (NAIC Form 11, Ite application includes a copy of the complaint the filed adjudication/settlement for each man | em 11), and | | | | | | | | |

TPA Registration Application Checklist

| | | Requirement | Statute | N/A | Meets | Fails | |
|---|------------|---|----------------------|---|-------|-------|--|
| 3 | day | nancial information for a period ending within 90 ys of the application submission date and/or endar year end | 20-485.12.B.1 | | | | |
| | a. | Financial statements have been certified by officer(s | | | | | |
| | b. | Applicant provided non-consolidated GAAP income two preceding years | e statements for the | | | | |
| | C. | Net Income – Current Income Statement □ = S | ECTION C, Item 1 | \$ | | | |
| | d. | Applicant provided non-consolidated GAAP balance preceding years | | | | | |
| | e. | Current Assets – Current Balance Sheet □ = S | ECTION C, Item 2 | \$ | • | | |
| | f. | Current Liabilities – Current Balance Sheet □ = S | ECTION C, Item 3 | \$ | | | |
| | g. | Working Capital – Current Balance Sheet □ = S | ECTION C, Item 4 | \$ | | | |
| | h. | Owner's Equity – Current Balance Sheet | ECTION C, Item 5 | \$ | | | |
| | i. | If the net income, working capital or owner/stockholenegative, applicant included mitigation explanation | der equity is | | | | |
| 4 | Tru | ust deposit by ☐Certificate of Deposit ☐Marketable securities ☐Surety bond | | | | | |
| | a. | Greater of 10% of SECTION C, Item 6 or \$5,000 ☐ = SECTION E, Item 2 | 20-485.10 | \$ | | | |
| | b. | Amount of trust deposit (must be at least Line 4a) | | \$ | | | |
| | C. | For a surety bond (may include individual bonds or schedule or blanket forms of bonds): | Yes No For | AZ-authorized insurer m 157 prney-in-Fact | | | |
| | d. | For a certificate of deposit: | | m E125CD o E150s forms ginal CD | | | |
| | e. | For a marketable security: Yes No Custody Agreement Yes No Form E125 | | | | | |
| 5 | pre | e details about the applicant's capacity to collect emiums or administer claims on behalf of the insurer this state have been provided | 20-485.12.B.8 | | | | |
| 6 | inc ass | sic organization documents and amendments, luding articles of incorporation, articles of sociation, partnership agreement, trade name tificate | 20-485.12.B.2 | | | | |
| 7 | | e bylaws, rules, regulations or similar cuments | 20-485.12.B.4 | | | | |
| 8 | ins | e written notice that the TPA will provide to ured individuals providing the TPA's identity and relationship between the TPA and the insurer | 20-485.B.12.9 | | | | |

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