



LOUISIANA DEPARTMENT OF INSURANCE
TIMOTHY J. TEMPLE
COMMISSIONER

**NOTICE OF CONTRACT BETWEEN
THIRD PARTY ADMINISTRATOR AND INSURER**

Third Party Administrator Information (Type or Print)		
ADMINISTRATOR NAME: _____		
TRADE NAME _____		
FEIN NO.: _____		DOMICILE: _____
Insurer Information (Type or Print)		
INSURER NAME: _____		
NAIC NO.: _____		
FEIN NO.: _____		DOMICILE: _____
CONTACT PERSON: _____		
CONTACT TITLE _____		PHONE: _____
Under the terms of the contract between the above named entities, the administrator will be responsible for the following:		
<input type="checkbox"/> Solicitation of Coverage	<input type="checkbox"/> Underwriting	<input type="checkbox"/> Collection of Premium
<input type="checkbox"/> Claims Adjustments	<input type="checkbox"/> Claims Payments	<input type="checkbox"/> General Management Services
<input type="checkbox"/> Distribution of Advertising Material	<input type="checkbox"/> Pharmacy Benefit Management	<input type="checkbox"/> Other _____
The physical address where the books and records under this contract will be maintained.		
_____ _____ _____		
Effective Date of Contract: _____		

Signature of Authorized Representative of Administrator

Printed Name of Authorized Representative of Administrator

Title of Authorized Representative of Administrator