

COMPANY NAME

Third Party Administrator (TPA) 2009 Questionnaire

This questionnaire shall be attested by the Chief Executive Officer and the Chief Financial Officer.

1. Per N.J.A.C. 11:23-3.4(c), What is the total amount received from Benefit Payers in the previous calendar year for the purpose of paying claims on behalf of benefit payers? Please note this is for your operations in all states. It is not for your New Jersey operations only. \$_____ x 1% = \$_____

2. Attach a copy of the in-force Fidelity Bond. Per N.J.A.C. 11:23-3.4(b,c). The in-force fidelity bond must be in the company's own name and be on its directors, officers, partners and employees. It shall be the greater of \$100,000 or 1% of the amount indicated in (1) above.

3. List Parent Company and whether it is Publicly or Privately Held _____ (Public/Private). If **the Company** or the Parent Company is Privately Held list by name the three highest ownership interests and the percentage of ownership. (Also Include an Organization Chart which identifies the corporate structure as an Attachment) The organization chart is required whether you are Publicly held or Privately held.

_____ % _____ % _____ %

4. List all affiliates other than TPAs who are licensed entities in New Jersey i.e. Life and Health, Property and Casualty, HMOs, Health Service Corporations, Dental Plan Organizations, Dental Service Corporations etc. Licensed adjusters and Agents are not required to be listed.

5. List all affiliated TPA's licensed in New Jersey

6. List by name and percentage of fees paid to you by your three largest customers. Do not include both the fees paid and the monies provided to you by the benefit payers to pay claims if applicable. Please note this is for your operations in all states. It is not for your New Jersey operations only

Name	%
_____	_____
_____	_____
_____	_____

7. What are the financial/Audit mechanisms which contractually protect the customers interests listed in (6) above. i.e. Letter of Credit, Examination Etc.
8. What is the approximate percentage of total revenue generated by New Jersey Benefit Payers? ____%
9. List the number of states in which you are licensed as a Third Party Administrator? _____
10. Has there been a material (10% or greater) change of ownership of either the TPA or the parent company in 2008.

If yes, has the Department been notified per N.J.A.C. 11:23-3.7? _____

11a. List the TPA 2009 Projected Revenue \$_____

11b. List the TPA 2009 Projected Net Income/(Loss) \$_____

Chief Executive Officer

Date _____

Chief Financial Officer

Date _____