

MARYLAND INSURANCE ADMINISTRATION CONTRACTING PROVIDER APPLICATION

Under Chapter 323 (House Bill 5) of the Acts of the General Assembly of 2000, Contracting Providers that enter into Administrative Service Provider Contracts must register with the Maryland Insurance Administration, and re-register every two years.

REGISTRATION FEE - \$250.00

REGISTRATION TYPE: NEW _____ RENEWAL _____

1. CONTRACTING PROVIDER NAME

NOTE: Corporations and limited liability companies are required to register with the Maryland Department of Assessments & Taxation. Corporations and limited liability companies should enter their name exactly as it appears on their letter of good standing from the Department of Assessments & Taxation. If two names appear on the letter of good standing, please enter the name that appears first in field 1A. Please enter the name that appears second (i.e., the DBA or AKA name) in field 1B.

NOTE: Partnerships do not have to register with the Maryland Department of Assessments & Taxation. Please fill out field 1A only

1A. LEGAL

1B. DBA/AKA NAME

2. LETTER OF GOOD STANDING

Corporations and limited liability companies (both resident and nonresident) are required to submit a photocopy of their letter of good standing from the Maryland Department of Assessments & Taxation with their **first** registration application. Letters of good standing must be received within 90 days from the date of issuance. Enter the date of the letter of good standing in the space provided below.

NOTE: Partnerships are **not** required to register with the Maryland Department of Assessments and Taxation.

MONTH

DAY

YEAR

STATE

Even if the Contracting Provider has a PO Box, a street address MUST be provided or the application will not be processed.

STREET ADDRESS LINE 1

STREET ADDRESS LINE 2

PO BOX

CITY

STATE

OR

COUNTRY

ZIP CODE: _____

INTERNATIONAL POSTAL CODE: _____

AREA CODE-BUSINESS PHONE NO / AREA CODE-BUSINESS FAX NO

4. FIRM TAX ID NUMBER (FEIN)

Indicate the firm's tax ID (also known as FEIN) number by placing one number in each space provided.

____ - ____ - ____ - ____ - ____

5. PRINCIPAL CONTACT PERSON

List name, business address and telephone number of the individual acting as the principal contact person for questions relating to this registration form, or for questions relating to the operations of the contracting provider.

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

