From: Jotform
To: Bruder, Candace L; Cartledge, Wendy B; Godley, Molly D; Middleton, Angela D
Subject: Re: Freedom of Information Act (FOIA) Request Form
Date: Monday, September 22, 2025 9:52:17 AM

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Freedom of Information Act (FOIA) Request Form

Name:	Tammy Boyd
Organization (if applicable):	TRISTAR Insurance Group
Address:	[redacted]
Home Phone Number:	[redacted]
E-mail Address:	[redacted]
Public Records Requested (Description of Documents or Information Requested):	To whom it may concern: I am requesting access to public records identifying the current Third-Party Administrator (TPA) of record for your agency's workers' compensation program (or general liability/self-insured claims program, if applicable). If available, I would appreciate any supporting details such as: • Name and contact information of the TPA • Copy of the current inforce Contract and confirm the start and end dates • Scope of services outlined in any public agreement • A copy of all bidders' proposals for the last Bid period • A copy of the final scorecard calculated by (the entity name) If there are any costs associated with fulfilling this request, please let me know in advance. Thank you for your time and assistance. I look forward to your response.