

[Your Company Name]
[Department Name]
[Street Address]
[City, State, Zip Code]
[Date]

[Recipient Name/Regulatory Body Name]
[Division/Department Name]
[Street Address]
[City, State, Zip Code]

RE: Submission of Annual Third-Party Concentration Risk Analysis Report

Dear [Recipient Name or Regulatory Officer],

In accordance with [Insert Specific Regulation/Directive Name], [Your Company Name] hereby submits the enclosed Third-Party Concentration Risk Analysis Report for the period ending [Date].

The purpose of this submission is to demonstrate our ongoing oversight and management of systemic risks associated with our critical service providers. This analysis covers the following key areas:

- **Geographic Concentration:** Assessment of service provider density within specific regions.
- **Service Provider Concentration:** Identification of critical vendors supporting multiple essential business functions.
- **Fourth-Party Risk:** Evaluation of common dependencies on sub-contractors and cloud infrastructure providers.
- **Mitigation Strategies:** Summary of exit strategies, redundancy plans, and multi-vendor diversification efforts.

Our findings indicate that [Your Company Name] maintains a risk profile within the established tolerance levels set by the Board of Directors. We have identified [Number] critical vendors that require enhanced monitoring and have implemented the necessary controls to address these dependencies.

The undersigned confirms that the information contained in the attached report is accurate and has been reviewed by our Chief Risk Officer and relevant internal committees.

Should you require further clarification or additional documentation regarding our risk modeling methodology, please contact [Point of Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Full Name]

[Title/Position]

[Your Company Name]

Enclosure: Third-Party Concentration Risk Analysis Report [Year/Quarter]