

Third Party Administrator (TPA) – Affiliation Statement

Name of Third Party Administrator (TPA) Applicant	TPA Tax ID number (FEIN)
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Check each box below that describes your relationship to the TPA. Enter all requested information. *Please note: A separate TPA Affiliation Statement must be completed for each individual or entity added (corporate stockholders should enter the primary mailing and business addresses for the corporation).*

<input type="checkbox"/> Officer or Director of the TPA <input type="checkbox"/> Individual Stockholder of 10% or more of the stock of the TPA	OR	<input type="checkbox"/> Corporate Stockholder of 10% or more of the stock of the TPA
Your Name and Title as it relates to the TPA		Name of Corporation
Your Date of Birth		State of Incorporation
Your Social Security Number		Corporation Tax ID Number (FEIN)
		Percentage of ownership of TPA applicant %

MAILING ADDRESS			BUSINESS ADDRESS; check box if same as mailing address <input type="checkbox"/>		
Street Address	Suite No.	Street Address	Suite No.	City	State
City	State	ZIP Code	City	State	ZIP Code
Telephone Number	Email Address	Business Telephone Number	Ext.	Business Email Address	

Please answer all questions completely. If you are completing this form on behalf of a corporate stockholder or other business entity, answer on behalf of the corporation, not on behalf of you as an individual. If additional space is needed, please clearly identify each response by question number and attach the continuation(s) to this statement. Enter your name and the last four numbers of your Social Security Number or the entity's name and last four numbers of the FEIN in the upper right corner of each attachment. Attachments become part of this verified statement.

1. What is your present association with the TPA applicant? <i>Please describe your responsibilities, the degree and nature of involvement in the affairs of the TPA, and the length of time of your present association.</i>
2. In what other capacities have you been associated with the TPA applicant?
3. Are you or have you ever been associated with any other TPA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide details and time frames of each association.)</i>
4. Will your association with the TPA applicant be your primary professional or business activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If not, what is your primary occupation or business activity?)</i>



Michigan Department of Insurance and Financial Services

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5. List all insurance licenses ever applied for or held OR check the box if none were ever applied for or held .

Type of License	Licensing State	License Number	Date License Began	Date License Ended

6. Have you ever been refused an insurance license, or has any action ever been taken against a license held by you? Yes No
If yes, please identify the type of license, licensing state, license number and an explanation of the action taken.

7. Have you ever been convicted or entered a plea of guilty or nolo contendere to a felony or misdemeanor other than minor traffic violations, without regard to whether adjudication was withheld? Yes No
If yes, provide a copy of the initial complaint filed, the order resulting from the hearing, a written statement, and any other relevant legal documents for each case. Include dates and final disposition.

8. Have you or the TPA's corporate stockholder (if applicable) ever been subjected to any credit or financial proceeding necessitating court intervention? Yes No
If yes, please explain. Attach a copy of the complaint, final court judgment or order, or other disposition.

CERTIFICATION

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signer's name and title (type or print)

Signature (digital/original signature only) **Date**

PA 218 of 1956 amended requires submission of this information by each and every person or entity described on the first page of this form. Failure to complete or submit this form, misrepresentation, false statement, omission of material fact or fraud in, or in connection with, this statement may result in disciplinary action against any license or Certificate of Authority issued by or pending before the Director of the Department of Insurance and Financial Services.

<p>When submitted as part of the TPA Certificate of Authority Application, mail to:</p> <p>Department of Insurance and Financial Services PO Box 30165 Lansing, MI 48909-7665</p>	<p>For annual filing, email to DIFS-LicensingORE@michigan.gov or mail to:</p> <p>DIFS Insurance Licensing PO Box 30220 Lansing, MI 48909-7720</p>
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