Third Party Administrator (TPA) – Jurat Page for Annual Filing

*	This symbol indicates that additional								
	documentation may be required.								
	On each attachment, enter name of TPA and								
	Tax ID number (FEIN) in upper right corner.								

Name of Third Party Adr			TF	PA Tax ID nu	imber (FEIN)								
TPA Mailing Address Line 1 (may be a PO Box)						TPA Primary Office Address Line 1 (must be a street address)							
Mailing Address Line 2						Primary Office Address Line 2, including floor or suite number							
City			State	ZIP Code	City						ZIP Cod	le	
Complete contact and organizational information below:													
TPA Main Telephone number TPA Main Fax number						General Contact Person (name and title)							
Contact Person Email Address						Contact Person Direct Phone Number							
TPA State of Domicile OR Check box if state of domicile has not changed since last update or annual filing					TPA is organized as the following type of business: (Check only if there was a change since the last update or annual filing)								
☐ Michigan If state of domicile changed since the initial application or last annual filing, attach new FIS 0860 Third Party Administrator Consent					□ Corporation □ Partnership □ Sole Proprietorship □ Limited Liability Corporation (LLC) □ Limited Liability Partnership (LLP)								
List the trade name you currently do or intend to do business in Michigan.					As indicated below, attach appropriate documentation; attachments should be copies of documents that were certified by state of domicile.								
If any change to a trade name is listed above, attach copy of Assumed Name or					If incorporated, copy of certified Articles of Incorporation								
dba filing.						If not incorporated, copy of certified Articles of Organization, Partnership Agreement, business license filing, etc.							
			TPA (Officers, Dire	ectors,	and Owners	S						
	Attach a list of the current officers, directors, and owners of the TPA (even if no changes since last update/filing), and include the name, title, and effective date for each entry. Please provide the list in alphabetical order by last name, if possible. Please also provide an organizational												
•	,			partnership, or s		. ,							
	 □ Directors (all members of the board of directors including board of trustees, executive committee, and any other governing body) □ Owner/Stockholder of 10% or more (including individuals, entities, immediate parent company, and ultimate controlling party) 												
	Each individual and each owner of 10% or more added since your last update or annual filing must complete an FIS 0862 Third Party Administrator Affiliation Statement. All FIS 0862 forms must be attached to the FIS 0865 Third Party Administrator Jurat Page for Annual Filing.												
	Submit a completed FIS 0850 Third Party Administrator Financial Statement with the completed FIS 0865 Third Party Administrator Jurat Page for Annual Filing.												

PA 218 of 1984 as amended requires submission and verification by Third Party Administrators requesting a filing of their Michigan Certificate of Authority. Failure to properly complete this form in its entirety or advise DIFS of changes may result in the rejection of the annual filing and further compliance action up to and including revocation of the TPA's certificate of authority.

