

Financial Statement for Third Party Administrators (TPAs)

All TPAs file a financial statement at the time of their initial request for Certificate of Authority in Michigan, and annually thereafter with a \$25 statement filing fee. Use financial data for the TPA, not the TPA's parent company.

You may submit a completed independent audit in lieu of pages 2 and 3 of this form. The audit must be accompanied by an opinion prepared by a CPA and must include all of the items listed on pages 2 and 3 of this form.

Always complete and attach this page to every TPA Financial Statement or Audit you file.

For the fiscal year	
Beginning	
Ending	
Statement and fee are due annually by March 1st for all TPAs with a Michigan Certificate of Authority.	

Name of TPA	TPA Tax ID number (FEIN)

Contact person name and title (for inquiries regarding this Financial Statement)

Contact person EMail address	Contact person phone (with area code)
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All information above is required. Please do not leave any spaces blank.

Important change:

If this is a renewal filing, please be sure to complete and attach form FIS 0865 Third Party Administrator (TPA) Jurat Page for Annual Renewal. Incomplete filings will be returned without review and could subject the TPA to penalties for late filing.

Verification

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

Signature	Date signed
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Signer's name and title (typed or printed)

PA 218 of 1956 as amended requires submission and verification by Third Party Administrators who have, or are requesting a Michigan Certificate of Authority. Failure to properly complete and file or amend this form may result in denial or revocation of Certificate of Authority or other compliance action.

If this is an ANNUAL financial statement filing (yearly renewal), a filing fee of \$25 is due. Include payment with the original invoice we mailed you. Please attach a check for \$25 payable in US Dollars to "State of Michigan"
 If this is your INITIAL financial statement filing, please DO NOT submit this fee.

Certification of Notary Public

Subscribed and sworn to before me this

_____ day of _____, 20__

Official seal and signature of notary

Please mail your completed filing to:

Office of Financial and Insurance Regulation
 611 W. Ottawa St.
 PO Box 30220
 Lansing, MI 48909-7720

Official use only		
Invoice number	Date paid	Processor
Validation Code 87-10-70		



Michigan Department of Energy, Labor & Economic Growth

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Financial Statement for Third Party Administrators (TPAs)

MM / DD / YY

You may submit a completed independent audit in lieu of pages 2 and 3. Page 1 must always be filed.
See detailed instructions on page 1.

Name of TPA	TPA Tax ID number (FEIN)

Complete entire statement. Use blank lines to itemize and describe other items. Attach additional sheets if necessary.
Place TPA name, Tax ID number (FEIN) and fiscal year end in the upper right corner of all attachments.

ASSETS	LIABILITIES AND STOCKHOLDERS' EQUITY
<p>CURRENT ASSETS</p> <p>1. Cash _____</p> <p>2. Accounts receivable _____</p> <p>3. Investment income _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. Total current assets (add lines 1 through 8) _____</p> <p>NON-CURRENT ASSETS</p> <p>10. Furniture & fixtures _____</p> <p>11. Equipment & supplies _____</p> <p>12. Goodwill _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. Total non-current assets (add lines 10 through 17) _____</p> <p>19. TOTAL ASSETS (add lines 9 and 18) _____</p>	<p>LIABILITIES</p> <p>20. Accounts payable _____</p> <p>21. Federal taxes _____</p> <p>22. State & city taxes _____</p> <p>23. Notes payable _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. Total liabilities (add lines 20 through 27) _____</p> <p>STOCKHOLDERS' EQUITY</p> <p>29. Common stock _____</p> <p>30. Preferred stock _____</p> <p>31. Additional paid-in capital _____</p> <p>32. _____</p> <p>33. _____</p> <p>34. _____</p> <p>35. _____</p> <p>36. Retained earnings _____</p> <p>37. Total stockholders' equity (add lines 29 through 36) _____</p> <p>38. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY (add lines 28 and 37) _____</p>

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See detailed instructions on page 1.

Name of TPA	TPA Tax ID number (FEIN)

Complete entire statement. Use blank lines to itemize and describe other items. Attach additional sheets if necessary.
Place TPA name, Tax ID number (FEIN) and fiscal year end in the upper right corner of all attachments.

STATEMENT OF INCOME

STATEMENT OF EXPENSES

INCOME

EXPENSES

- 39. Client administration fees _____
- 40. Commissions from insurance transactions _____
- 41. _____
- 42. _____
- 43. _____
- 44. _____
- 45. **Total income** (add lines 39 through 44) _____
- INVESTMENT INCOME**
- 46. Net investment income _____
- 47. Net realized capital gain/loss _____
- 48. _____
- 49. _____
- 50. **Total investment income**
(add lines 46 through 49) _____
- 51. **TOTAL OF ALL INCOME** (add lines 45 and 50) _____

- 52. Payroll _____
- 53. Rent _____
- 54. Maintenance _____
- 55. Depreciation _____
- 56. Vehicles _____
- 57. Utilities _____
- 58. Legal and auditing _____
- 59. Interest _____
- 60. Bank charges _____
- 61. Freight and postage _____
- 62. Office supplies _____
- 63. _____
- 64. _____
- 65. _____
- 66. _____
- 67. _____
- 68. _____
- 69. _____
- 70. _____
- 71. _____
- 72. **Total expenses** (add lines 52 through 71) _____
- 73. **NET Gain or (Loss) BEFORE income taxes** _____
- 74. **Income Taxes** _____
- 75. **NET Gain or (Loss) AFTER income taxes** _____