

Third Party Administrator (TPA) – Financial Statement

Every TPA must file a financial statement with the initial request for a Certificate of Authority in Michigan. Thereafter, a financial statement must be submitted annually with the invoice received from DIFS and a \$25.00 filing fee. The information provided on the financial statements should be for the TPA, not for the TPA's parent company. In lieu of Pages 2 and 3 of this form, the TPA may submit the most recent independent, audited financial statements along with an opinion prepared by a certified public accountant. If the audited financial statements are for a parent company, a spreadsheet must be included that breaks down the balance sheet and income statement line items by subsidiaries.

For the Fiscal Year

Beginning _____

Ending _____

Statement and fee are due annually by July 1st for all TPAs with a Michigan Certificate of Authority.

Name of Third Party Administrator (TPA)		TPA Tax ID Number (FEIN)							
Contact person name and title (for inquiries regarding this financial statement)									
Contact person email address					Contact person phone number			Ext number	
Does the TPA own facilities? If no, attach the agreement that allows the TPA to use the facilities and provide a brief description.									
Is the TPA the direct employer of all employees, including claims processing? If no, attach the agreement that allows the TPA to utilize the employees' services and briefly describe.									
Does the TPA directly provide claims adjudication?									

All information above is required. Please do not leave any spaces blank.

If this is an annual filing, please be sure to complete and attach form [FIS 0865 Third Party Administrator \(TPA\) Jurat Page for Annual Filing](#). Incomplete filings will be returned without review and could subject the TPA to penalties for late filing.

Verification

I swear under penalty 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 signed

PA 218 of 1984 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.

Annual Statement Renewal Filing Checklist

- ☐ [FIS 0865 Third Party Administrator Jurat Page for Annual Filing](#) form
- ☐ Pages 2 and 3 of this form **OR** audited financial statements with opinion; fiscal period end date must be within the last 12 months
- ☐ Payment of \$25.00 annual filing fee (required electronically: <https://www.michigan.gov/difs/difs-epayment>)
- ☐ A representative of the TPA signed and dated this form

Mail application for Third Party Administrator Certificate of Authority to:

DIFS Insurance Licensing
PO Box 30165
Lansing, MI 48909-7665

For annual filing, email to DIFS-LicensingORE@michigan.gov or mail to:

DIFS Insurance Licensing
PO Box 30220
Lansing, MI 48909-7720

Validation
Code
87-10-70



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

Fiscal Year-end

As Of: _____

Third Party Administrator (TPA) – Financial Statement

Independent audited financial statements may be submitted in lieu of pages 2 and 3. Page 1 must always be filed. See detailed instructions on Page 1.

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.

Name of Third Party Administrator (TPA)

TPA Tax ID Number (FEIN)

ASSETS**LIABILITIES AND STOCKHOLDERS' EQUITY****CURRENT ASSETS**

1. Cash _____
2. Accounts receivable _____
3. Investment income _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. **Total current assets**
(add lines 1 through 8) _____

LIABILITIES

20. Accounts payable _____
21. Federal taxes _____
22. State & City taxes _____
23. Notes payable _____
24. _____
25. _____
26. _____
27. _____
28. **Total liabilities**
(add lines 20 through 27) _____

NON-CURRENT ASSETS

10. Furniture & fixtures _____
11. Equipment & supplies _____
12. Building/facilities _____
13. Goodwill _____
14. Other Intangible assets _____
15. _____
16. _____
17. _____
18. **Total non-current assets**
(add lines 10 through 17) _____
19. **TOTAL ASSETS**
(add lines 9 and 18) _____

STOCKHOLDERS' EQUITY

29. Common stock _____
30. Preferred stock _____
31. Additional paid-in capital _____
32. _____
33. _____
34. _____
35. _____
36. Retained earnings _____
37. **Total stockholders' equity**
(add lines 29 through 36) _____
38. **TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY**
(add lines 28 and 37) _____

For the Fiscal Year

Beginning: _____

Ending: _____

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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.

Name of Third Party Administrator (TPA)

TPA Tax ID Number (FEIN)

STATEMENT OF INCOME**STATEMENT OF EXPENSES****INCOME**

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) _____

EXPENSES

52. Payroll/salary _____

53. Rent/lease _____

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. _____

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 _____