

TPA Tax ID Number (FEIN)									

Third Party Administrator Consent to Service
*To be completed by **Non-Resident** Third Party Administrator applicants only*

Name of Third Party Administrator Applicant

a Third Party Administrator doing business under and by the virtue of the laws of

The State of

having been authorized or having applied to act as a Third Party Administrator in the State of Michigan, and for the purpose of complying with the provisions of Section 912 of the General Insurance Laws, MCLA 550.912; MSA 24.912, does hereby make, constitute, and appoint the Director of the Department of Insurance and Financial Services of the State of Michigan as its lawful attorney in the State of Michigan, on whom all process of law may be served in any action or proceeding under current or future laws and statutes of Michigan in which said Third Party Administrator is a party. Further, said Third Party Administrator hereby stipulates and agrees that any legal process affecting such Third Party Administrator served upon the Director of the Department of Insurance and Financial Services, or designated Deputy, shall have the same effect as if personally served upon the Third Party Administrator and shall be deemed sufficient service on said Third Party Administrator. This appointment shall remain in force as long as any liability shall remain within the State of Michigan. When process against or affecting said Third Party Administrator is served on the Director of the Department of Insurance and Financial Services, or designated Deputy, a copy of such process shall be mailed to:

Name		
Address Line 1		
Address Line 2		
City	State	ZIP Code

Signed in the City of _____ in the State of _____

on the _____ day of _____, 20 _____

Signer's Name and Title (typed or printed)
Signature of Principal of the TPA

PA 218 of 1956 as amended requires submission of this form by Third Party Administrators not domiciled in Michigan. Failure to complete and submit this form properly could result in denial of your application, a compliance action, or revocation of your authority as an admitted or eligible company in Michigan.

Mail or deliver to: Department of Insurance and Financial Services
 PO Box 30165
 Lansing, MI 48909-7665