

Third Party Administrator Consent to Service

Required for **nonresident** third party administrators (TPA).

Third Party Administrator Name	Tax ID Number (FEIN)
A third party administrator operating under and by virtue of the laws of the state of (where legally created/registered)	

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, MCL 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 TPA is a party. Further, said TPA hereby stipulates and agrees that any legal process affecting such TPA 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 TPA and shall be deemed sufficient service on said TPA. This appointment shall remain in force as long as any liability shall remain within the State of Michigan. When process against or affecting said TPA 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:

Contact Person Name		
Mailing Address Line 1		
Mailing Address Line 2		
City	State	ZIP Code

Signed in the city of _____ in the state of _____

on the _____ day of _____, 20 _____

Certification (must be completed by an officer or director of the third party administrator)

I swear under penalty of perjury that the information in this form is true, accurate, and complete.

Name (type or print)	Title (type or print)
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Signature (original or electronic only)

This form is authorized by the Michigan Third Party Administrator Act ([1984 PA 218; MCL 550.901 et seq.](#)). Failure to submit this form as required, misrepresentations, or omissions may result in a denial of an application or annual filing and other penalties.

If submitted with a TPA application, mail to: DIFS Insurance Licensing PO Box 30165 Lansing, MI 48909-7665	If not submitted with an application, email (DIFS-LicensingORE@michigan.gov) or mail to: DIFS Insurance Licensing PO Box 30220 Lansing, MI 48909-7720
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Michigan Department of Insurance and Financial Services

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