

Third Party Administrator Affiliation Statement

Must be completed by **all** officers, directors, and individual or corporate (or other entity) owners of 10% or more of the third party administrator (TPA).

Third Party Administrator Name	Tax ID number (FEIN)
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TPA Relationship: Check the box that describes your relationship to the TPA and enter all information. Every officer, director, and individual or corporate (or other entity) owner of 10% or more must complete an affiliation statement.

<input type="checkbox"/> Officer or Director <input type="checkbox"/> Individual Owner of 10% or More	
Name	
Title in Relation to TPA	Percentage Ownership Of TPA: %
Date of Birth	
Social Security Number	

OR

<input type="checkbox"/> Corporate (or other entity) Owner of 10% or More	
Corporation Name	
Incorporation State	Percentage Ownership of TPA: %
Corporation Tax ID Number (FEIN)	
Contact Person	

Contact Information: Enter all contact information for the individual officer, director, or owner. For a corporate (or other entity) owner, include the email address and phone number of the contact person.

Mailing Address Line 1	Mailing Address Line 2	City	State	Zip Code
Business Address Line 1 (<input type="checkbox"/> same as mailing address)	Business Address Line 2	City	State	Zip Code
Email Address		Phone Number		

Background Questions: Answer all questions completely. If you complete this form for a corporate (or other entity) owner, answer on behalf of the corporation not yourself. If additional space is needed, provide the response in an attachment.

1. What is your association with the TPA? Describe your responsibilities and length of time with the TPA.
2. In what other capacities are you or have you been associated with the TPA?



Michigan Department of Insurance and Financial Services

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<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>3. Are you or have you been associated with any other TPA? (If yes, please provide details and time frames of each association.)</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>4. Will your association with the TPA be your primary professional activity? (If no, what is your primary professional activity?)</p>
<p>5. Do you hold or have you ever held an insurance license? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach a list of all insurance licenses, including the license type, licensing state, and status of each license.)</i></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>6. Have you been refused or had an action (suspension, revocation, fine, etc.) taken against an insurance or other professional license? <i>(If yes, provide documentation of the action and a written statement for each instance.)</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>7. Have you been convicted or entered a plea of guilty or nolo contendere to a felony or misdemeanor other than minor traffic violations, without regard to whether adjudication was withheld? <i>(If yes, provide the complaint, final disposition document, any other relevant documents, and a written statement for each case.)</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>8. Have you been subject to any credit or financial proceeding necessitating court intervention? <i>(If yes, provide the complaint, final disposition document, and a written statement for each instance.)</i></p>

Certification

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

Name (type or print)

Signature (original or electronic only)

Date

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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