



SURRENDER OF THIRD PARTY ADMINISTRATOR CERTIFICATE OF AUTHORITY

Third Party Administrator (TPA): _____

TDI License Number: _____

My name is _____ (printed name of company representative). I am of sound mind, capable of making this statement, and have personal knowledge of these facts, which are true and correct.

I hold the office of _____ (title) for the above-referenced company, which, with submission of this completed form, is knowingly and voluntarily surrendering its third party administrator authority. I am duly authorized by the organization to execute this statement.

The company ceased operations requiring TPA authority on approximately _____ (date). To my knowledge, all due maintenance taxes to the State Comptroller have been paid, and there are no current enforcement cases against the company. If the company has transferred its business to another TPA, I have confirmed that the new entity is properly licensed by TDI to engage in the business of a TPA.

Signature

Printed Name

Company Address

City, State, ZIP

Area Code and Phone No.

Email address