



Texas Department of Insurance
TPA/Premium Finance Section Mail Code 107-TPA-PF
 P. O. Box 149104, Austin, Texas 78714-9104
512-322-3412 or 512-322-3555 telephones • 512-322-4380 fax • www.tdi.state.tx.us

SERVICE OF PROCESS (TPA FORM 5)

State of _____)
 _____)
 County of _____)

KNOW ALL MEN BY THESE PRESENTS:

That, _____
 (name of entity)
 a Third Party Administrator at _____
 (street, city, and state of domicile)

_____ does hereby nominate, constitute and appoint the COMMISSIONER OF INSURANCE, 333 GUADALUPE, AUSTIN, TEXAS 78701, its true and lawful attorney for the State of Texas, to acknowledge service of legal process issued by any court of the State of Texas according to the laws of Texas, or any other State.

WITNESS our hands this _____ day of _____, 20_____

 Authorized Officer, Partner, or Sole Proprietor

State of _____)
 _____)
 County of _____)

Before me _____ on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____.

 Notary Public (Signature)

 Printed or Stamped Name

My commission expires _____, 20_____.

(Seal)