STATE OF MINNESOTA

THIRD PARTY ADMINISTRATOR BOND

KNOW ALL PERSONS BY THESE PRESENTS: That we, __________________________ of _____________________________________________, as Principal, and ________________ a corporation organized under the laws of _____________________________________________ and authorized to transact a general surety business in the State of Minnesota, as Surety are held and firmly bound unto the STATE OF MINNESOTA, in the full and just sum of ____________________________ DOLLARS (_____________ ) lawful money of the United States for which payment, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the above bounden Principal has taken all necessary legal steps as required by the Commissioner of Commerce of the State of Minnesota to qualify as a Third Party Administrator and doing and performing such acts as may be necessary to comply with all requirements of Minnesota Statutes § 60A.23, Subdivision 8, as amended.

NOW THEREFORE, the condition of this obligation is such that if the above Principal shall comply with the laws of the State of Minnesota pertaining to Third Party Administrators then this obligation shall be null and void, otherwise to remain in full force and effect.

PROVIDED, this Bond may be canceled by the Surety by filing thirty (30) days written cancellation notice by registered mail with the Commissioner of Commerce, State of Minnesota, and with the Principal.
IN TESTIMONY WHEREOF, the Principal has caused this instrument to be signed by its duly authorized officer and its corporate seal attached hereto, and the Surety has likewise caused this instrument to be executed by the signature of its duly authorized officer and its corporate seal attached hereto.

This bond is executed by the Surety to comply with Minnesota Statute § 60A.23, Subd. 8, and said bond shall be subject to all terms and provisions thereof.

Sealed with our seals and dated this ______ day of ____________, _________

____________________________________________________________________
Name of Principal

(PRINCIPAL’S SEAL)   By
____________________________________________________________________
Signature of Principal Officer

____________________________________________________________________
Title of Officer

____________________________________________________________________
Name of Surety

(SURETY’S SEAL)   By
____________________________________________________________________
Signature of Surety Officer

____________________________________________________________________
Title of Officer

(Attach power of attorney to this bond.)