Form TPM-4



Notice of Appointment of Registered Agent and Registered Agent's Statement

Complete this form in black or blue ink only. Sign, date, and return original to:

Office of the Attorney General

Finance Department

PO Box 120

Hartford CT 06141-0120

The undersigned Nonparticipating Manufacturer (NPM), _

, hereby

as its registered agent. Said registered agent

appoints is authorized to receive service of process on behalf of the NPM. The NPM agrees to do the following: (1) provide notice to the Office of the Attorney General of the State of Connecticut (Attorney General) at least 30 calendar days prior to termination of the authority of the registered agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five calendar days prior to the termination of the existing agent appointment. The NPM further agrees that if the agent terminates its agency appointment, the undersigned will provide notice to the Attorney General of the termination within five calendar days and will include proof to the Attorney General of the appointment of a new agent.

I hereby certify and declare that all of the statements and information contained in this Notice of Appointment, including but not limited to any accompanying statements or attachments, are true and complete and that I am a person authorized to bind the NPM making this Notice of Appointment either under the laws of Connecticut or of the jurisdiction where the manufacturer resides or is organized. The failure to file this form is a basis for removal of the undersigned NPM and its brand families from the Connecticut Directory.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature of Authorized Representative	or NPM:
Authorized Representative (Print Name)	
Title:	
Principal Place of Business (physical ad	Iress):
State of	
County of	
Country of)	
On	, before me,,
of satisfactory evidence) to be the person w	, personally known to me (or proved to me on the basis hose name is subscribed to the within instrument and acknowledged to me that he or she capacity, and that by his or her signature on the instrument the person, or the entity upon the instrument.
WITNESS my hand and official seal.	
Signature	
My Commission expires:	
IMPORTANT: Registered agents n	ust complete and sign the statement on the back of this form.

Name and Address of Registered Agent:

Name:	
Street Address (Required—must be within the state of Connecticut): _	
PO Box (If applicable):	
City and State:	ZIP Code:
Telephone:	Fax Number:
E-mail address:	

I consent to serve as the Registered Agent in the state of Connecticut for the above-named NPM, pursuant to Conn. Gen. Stat. §4-28n. I understand it will be my responsibility to receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature:	Date:
Print Name:	
State of)
County of	_)
Country of	_)
On	, before me,,
of satisfactory evidence) to be the person wh	, personally known to me (or proved to me on the basis ose name is subscribed to the within instrument and acknowledged to me that he or she apacity, and that by his or her signature on the instrument the person, or the entity upon he instrument.
WITNESS my hand and official seal.	
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