
(CONTACT PERSON)

(INSURER/HMO NAME)

(DBA NAME USED FOR ADMINISTRATION)

(ADDRESS)

(ADDRESS)

(CITY, STATE & ZIP)

License Number:

Report Year: **Annual Report for Insurers and HMOs**
Subject to 28 TAC §7.1605

- 1 Complete and submit an Annual Report for Insurers and HMOs Form FIN487 no later than June 30. Email filing to CLRFilings@tdi.texas.gov. Mail the \$200.00 Annual Report filing fee with [TDI Form FIN321](#) to address on form.
- 2 Download, complete and submit Annual Report Exhibits A–E, [Form FIN488](#).
- 3 Summary of business administered in TEXAS during preceding year.
 - a _____ Number of Fully Insured Plans (as indicated on Form FIN488, Exhibit A).
 - b _____ Number of Self-Funded Political Subdivision Plans (Form FIN488, Exhibit B).
 - c _____ Number of Other plans subject to state regulation (Form FIN488, Exhibit C).
 - d _____ Number of Cafeteria (Section 125) Plans (FIN488, Exhibit D).
 - e _____ Total number of lives from Form FIN488, Exhibits A - D.
 - f _____ Number of Workers' Compensation Carriers (FIN488, Exhibit E).
 - g _____ Total number of claims from Form FIN488, Exhibit E.

I hereby certify that all of the information is true and correct to the best of my knowledge.

DATE Executive Officer or other comparable responsible person

4 Please notify us of changes in the following:

LICENSE NUMBER:
NAME OF INSURER/HMO ACTING AS AN ADMINISTRATOR:
DBA (used for administration business):
MAILING ADDRESS:
CITY, ST, ZIP:
PHYSICAL ADDRESS:
CITY, ST, ZIP:
FEIN:
CONTACT PERSON: (should be located at the mailing address)
TELEPHONE NUMBER:
TOLL FREE NUMBER:
FAX NUMBER:
WEBSITE:
E-MAIL:

Check if you will allow TDI to share your email address in response to a public information request. (You are not required to share it.)