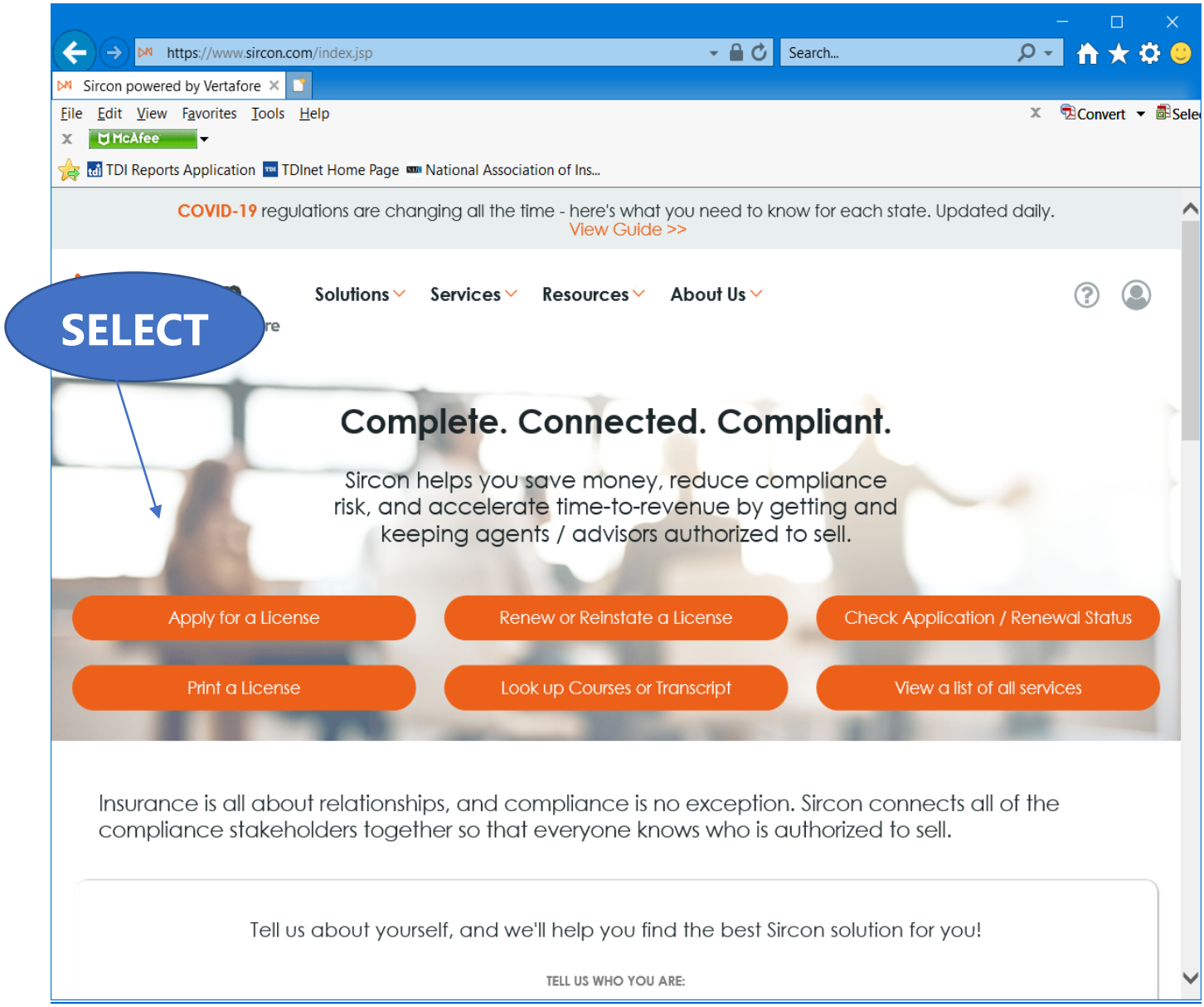
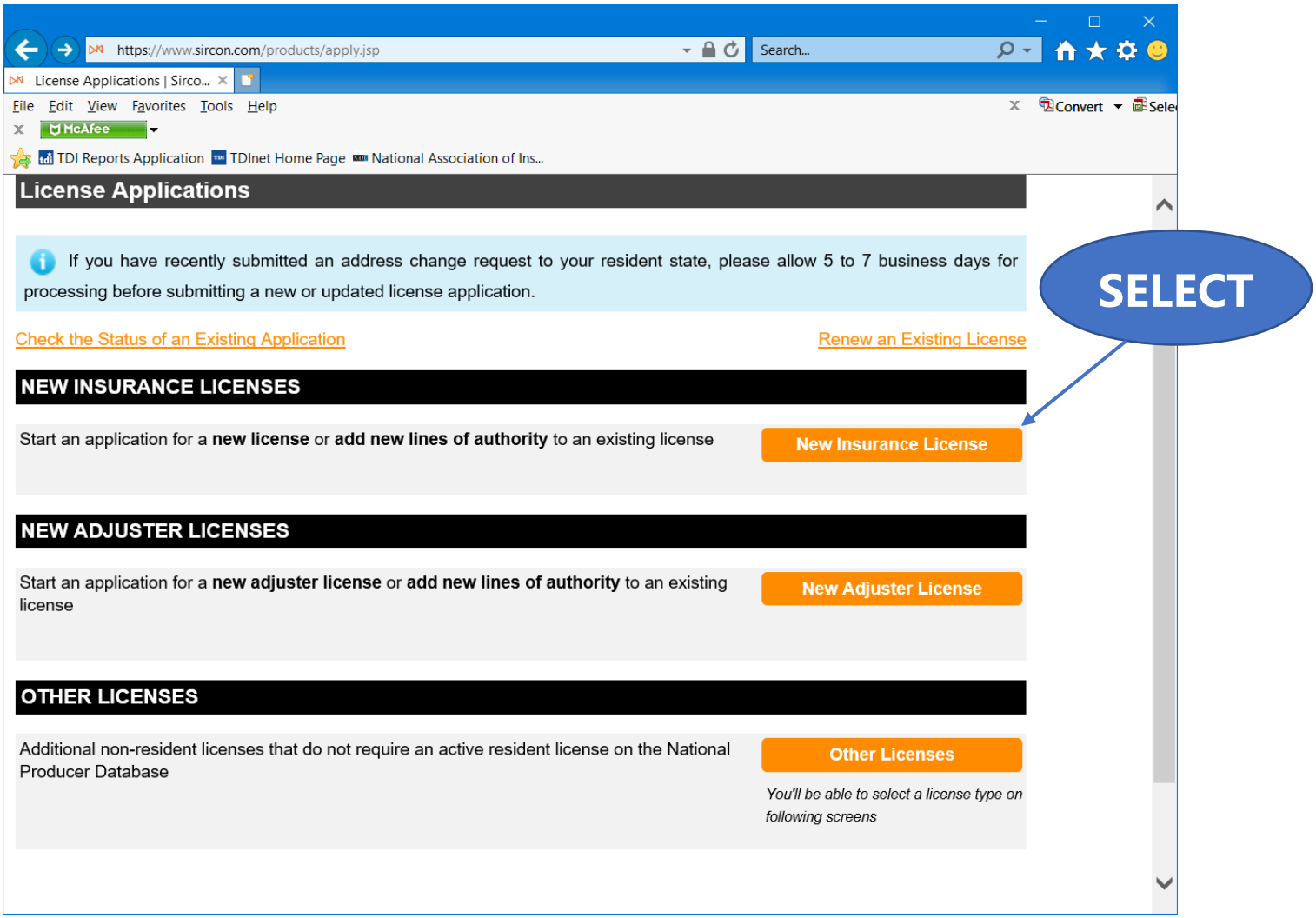
For Non-Resident applications

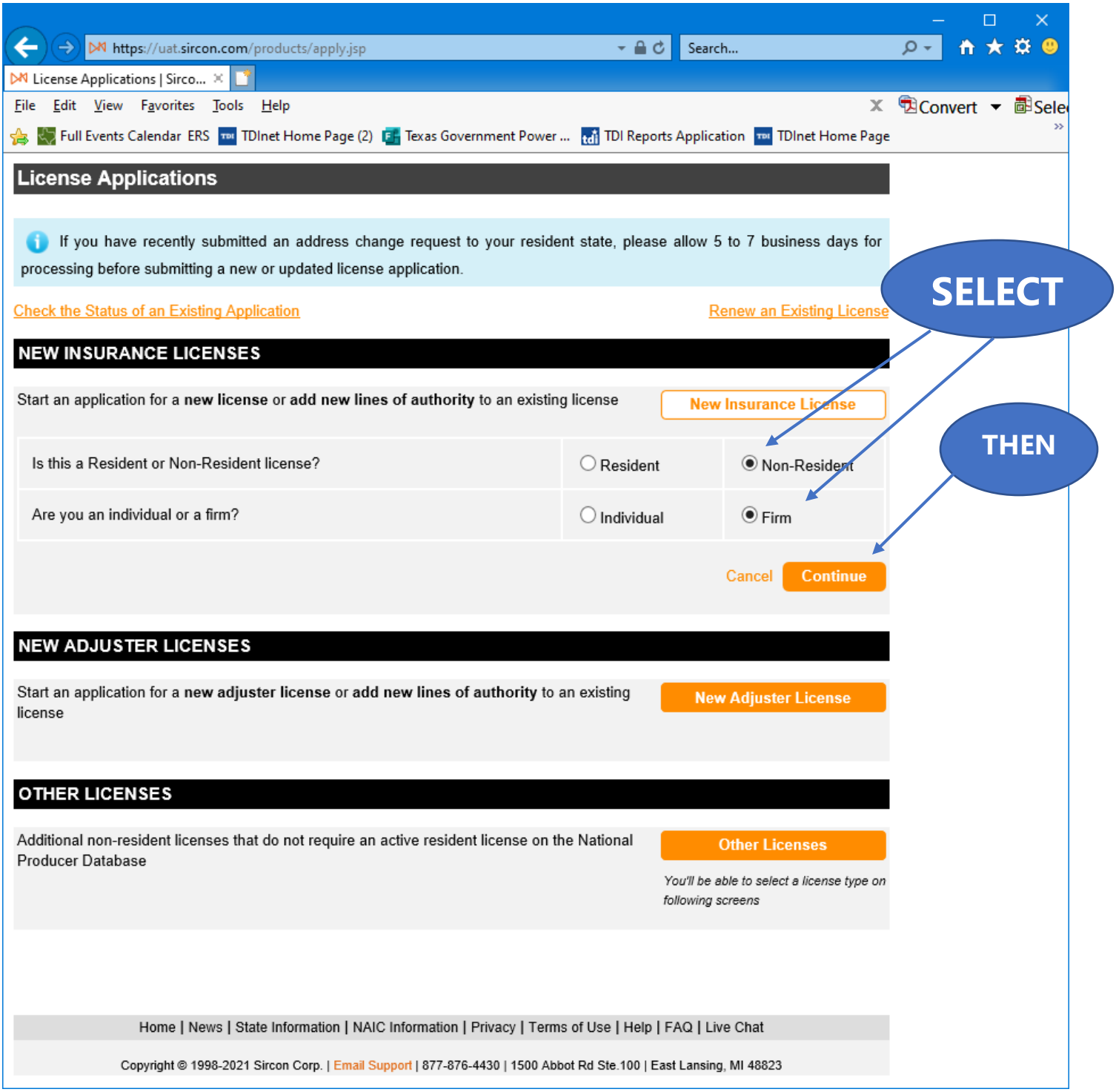
https://www.sircon.com/index.jsp



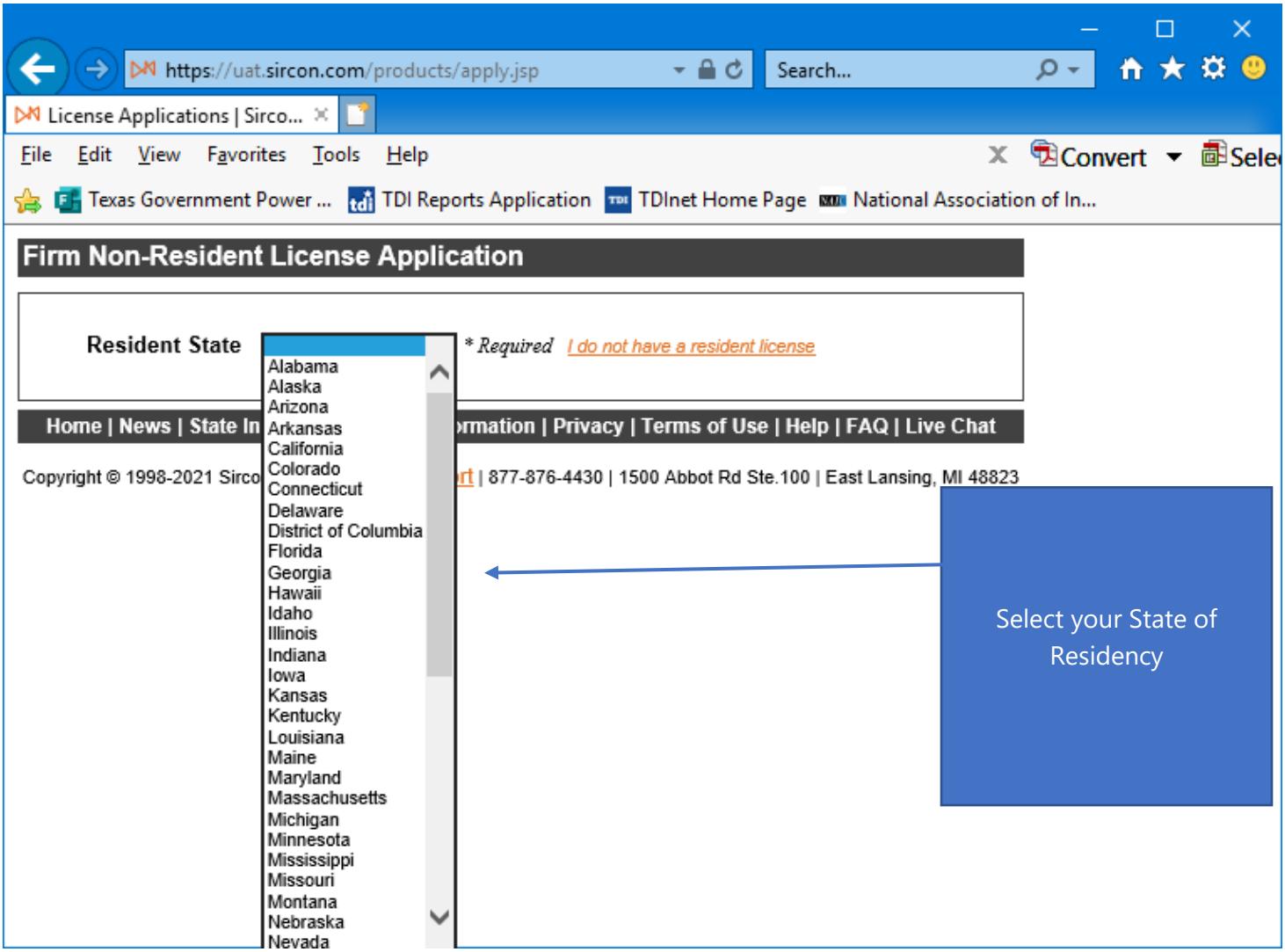
Select "**Apply for a License**"



Select "**New Insurance License**"



Select "**Non-Resident**", select "**Firm**" for resident state license, and then "**Continue**".



Select your **State of Residency**.

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Firm Non-Resident License Application

Resident State Mississippi * *Required* *I do not have a resident license*

EIN * *Required*

Resident License Number * *Required*

Agency Type * *Required*

Preparer ○ Applicant ○ Authorized Submitter * *Required*

Complete the information required

States

Some states will accept license applications submitted electronically, while other states will accept only paper applications. If you are applying to a state or states accepting electronic applications, Sircon will collect your information and submit your application electronically. For paper only states, you must print paper copies of the forms and mail them to the appropriate state offices.

◉ **Show states accepting electronic applications** ○ **Show all states**

Not all license types are available in all states. Click on a state name below to view the license types available in that state. If the type you seek is not available, do not continue for that state. Instead you will need to contact the state to find out their requirements for application.

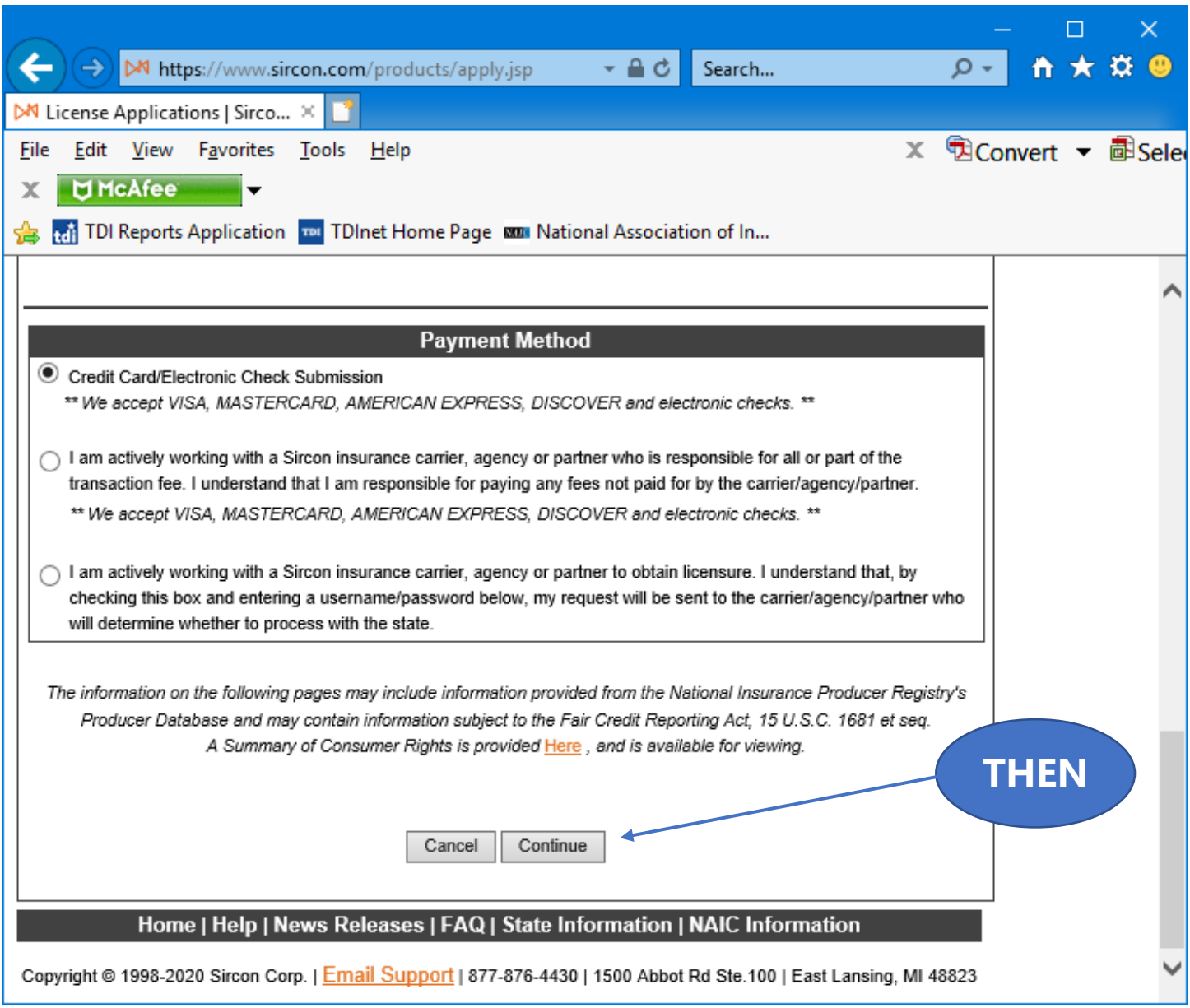
Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at https://oci.georgia.gov/citizenship-affidavit.

CALIFORNIA - Business Entities applying as a Limited Liability Company (LLC's): LLC's are required to provide proof of satisfying the security requirements of Section 1647.5 of the California Insurance Code when applying for an insurance license and once licensed, must also file with the Commissioner an annual confirmation of coverage demonstrating continued compliance with the financial security requirements. Additional LLC application filing information, annual certification of coverage information, and links to forms that can be used as proof of fulfilling the security requirements, please go to the following link for Business Entity Limited Liability Company Requirements (http://www.insurance.ca.gov/0200-industry/0020-apply-license/0300-business-license/business-entity-limited-liability.cfm)

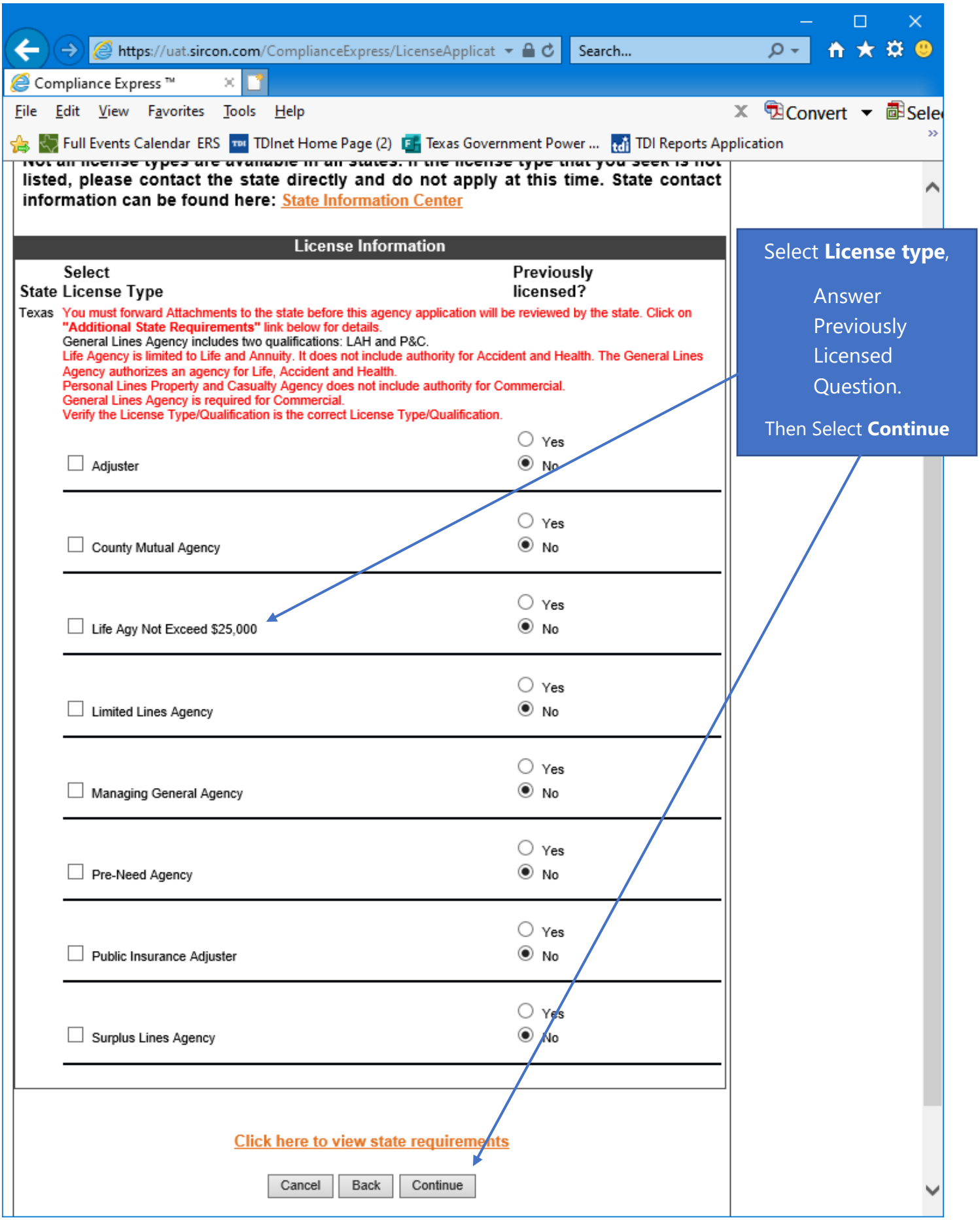
CALIFORNIA - Sole proprietorship may not apply electronically using the business entity uniform application, they must apply as an individual.

☐ Alabama	☐ Illinois	☐ Nebraska	☐ Rhode Island
☐ Alaska	☐ Indiana	☐ Nevada	☐ South Carolina
☐ Arizona	☐ Iowa	☐ New Hampshire	☐ South Dakota
☐ Arkansas	☐ Kansas	☐ New Jersey	☐ Tennessee
☐ California	☐ Kentucky	☐ New Mexico	☐ Texas
☐ Colorado	☐ Louisiana	☐ North Carolina	☐ Utah
☐ Connecticut	☐ Maine	☐ North Dakota	☐ Vermont
☐ Delaware	☐ Maryland	☐ Ohio	☐ Virginia
☐ District of Columbia	☐ Michigan	☐ Oklahoma	☐ West Virginia
☐ Georgia	☐ Minnesota	☐ Oregon	☐ Wisconsin

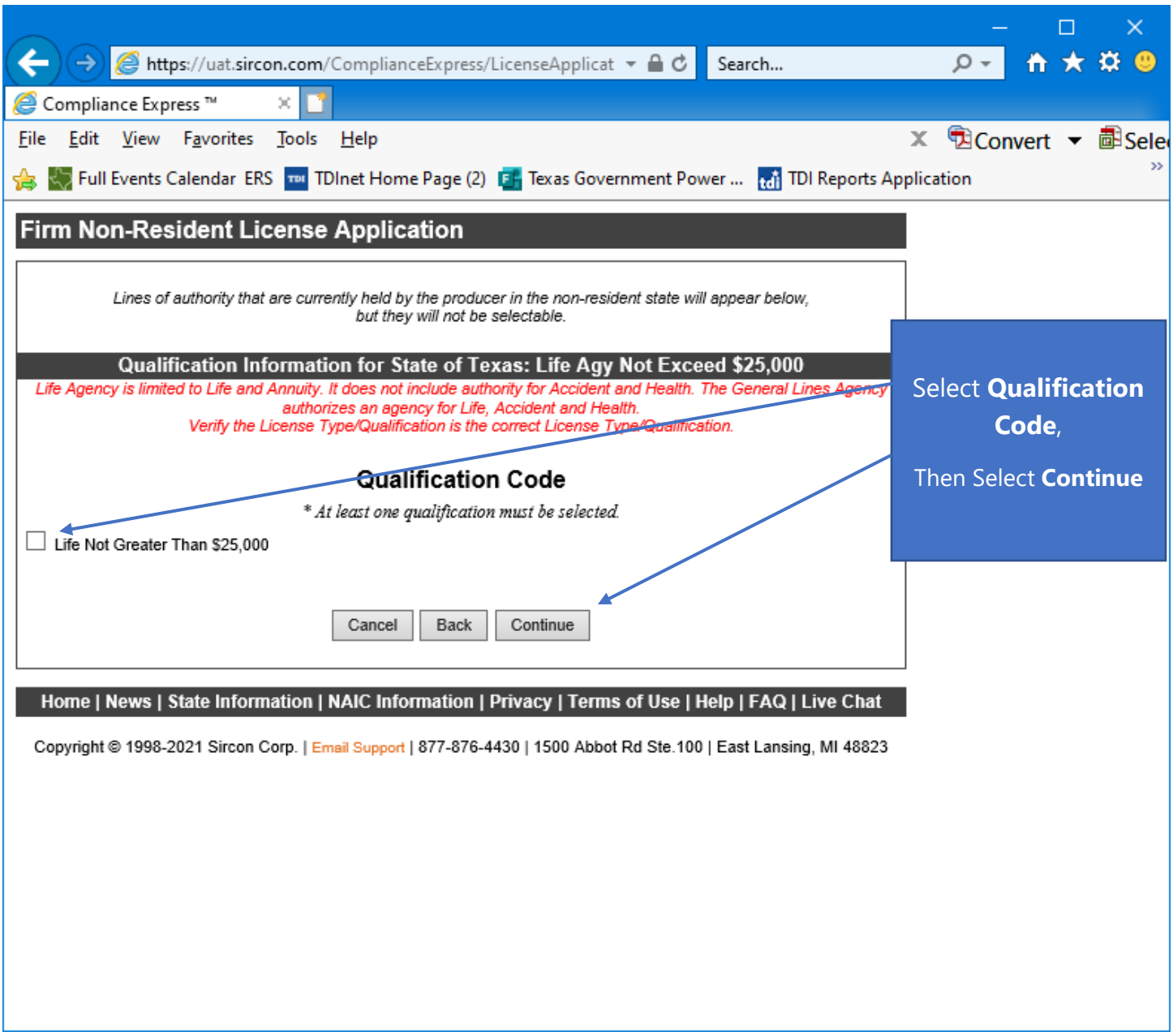
Then Select Texas



Complete the information required, select "**Texas**", then select "**Continue**".



Select the **license type**, answer the **Previously Licensed question**, then select "**Continue**".



Select the "**Qualification Code**" line of Authority, then select "**Continue**".

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Agency Information

'Sole Proprietorship business entities are not accepted electronically at this time.'

FEIN [redacted] * Required

Firm Name * Required

Alias Name

Incorporation Date MM-DD-YYYY * Required (mm-dd-yyyy)

License Number * Required

Agency Type Code Corporation

Domicile Country * Required

Affiliated with a Bank? * Required

Email Address * Required

Business Web Address

FINRA CRD Identifier

Agency Business Address

Line One * Required

Line Two

Line Three

City * Required

State

Postal Code * Required

Country * Required

Agency Mailing Address

Line One * Required

Line Two

Line Three

City * Required

State

Postal Code * Required

Country * Required

Agency Business Phone

Phone Number * Required

Extension

Agency FAX

Fax Number * Required

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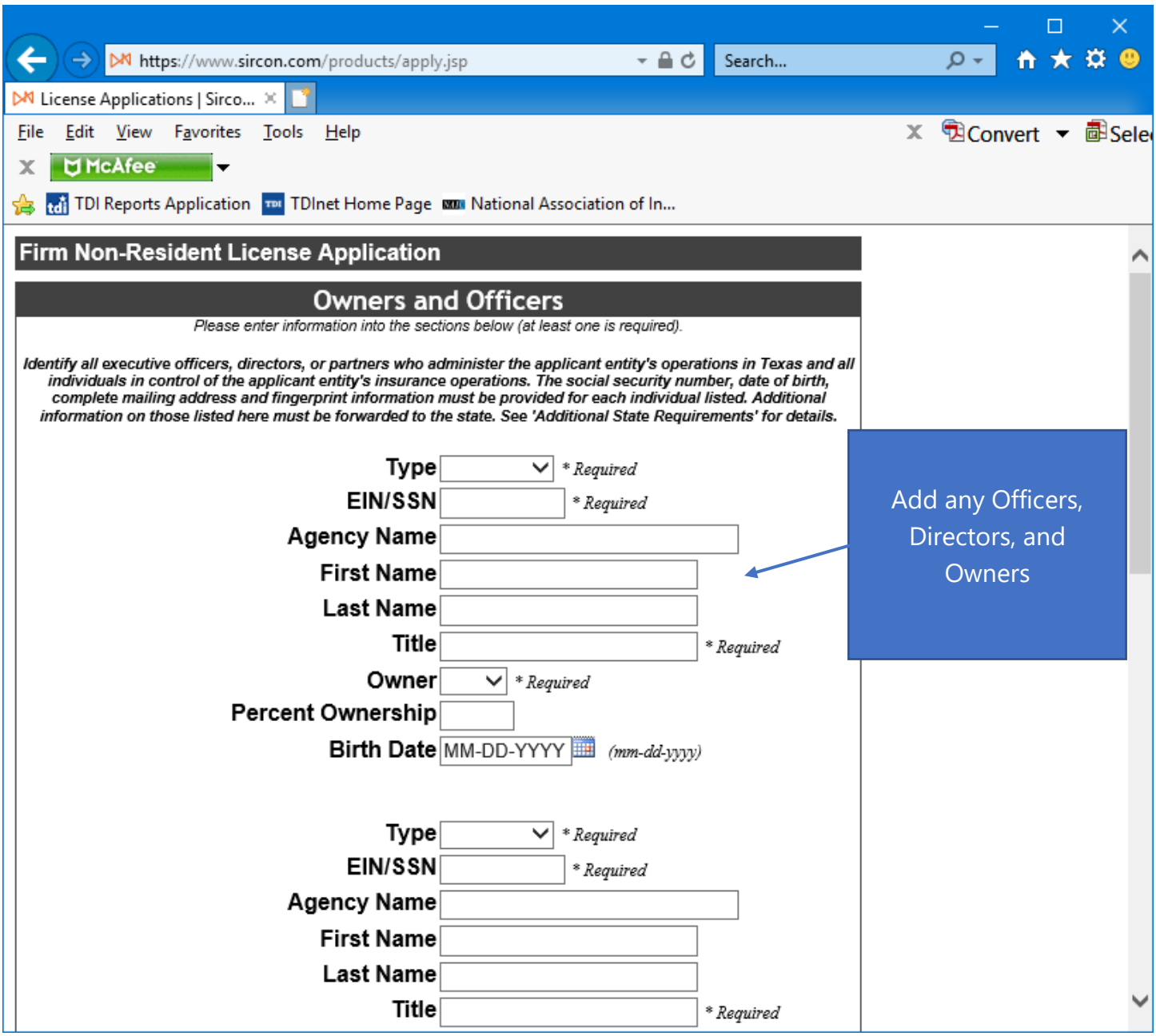
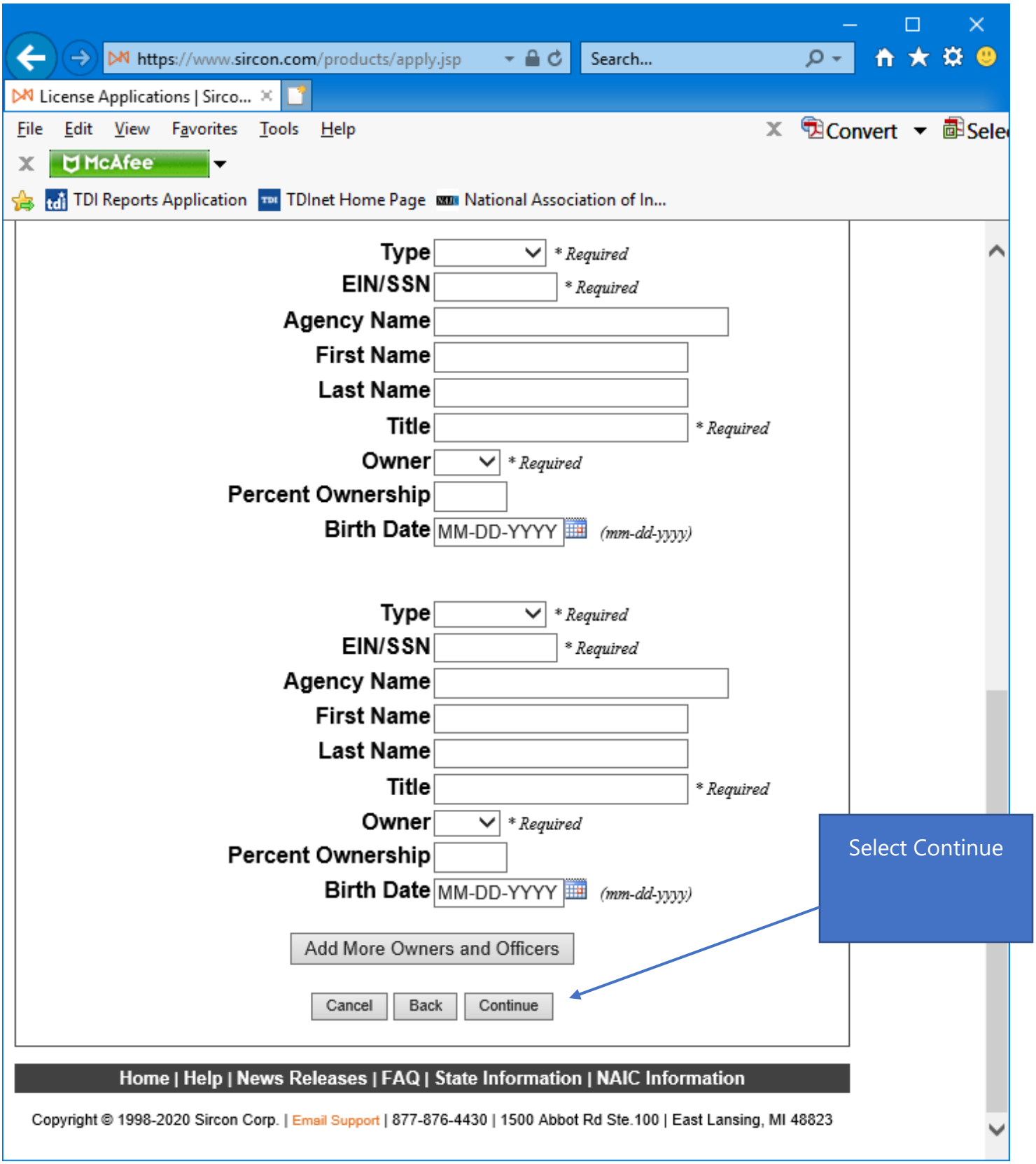
Verify the information provide, complete any additional required information

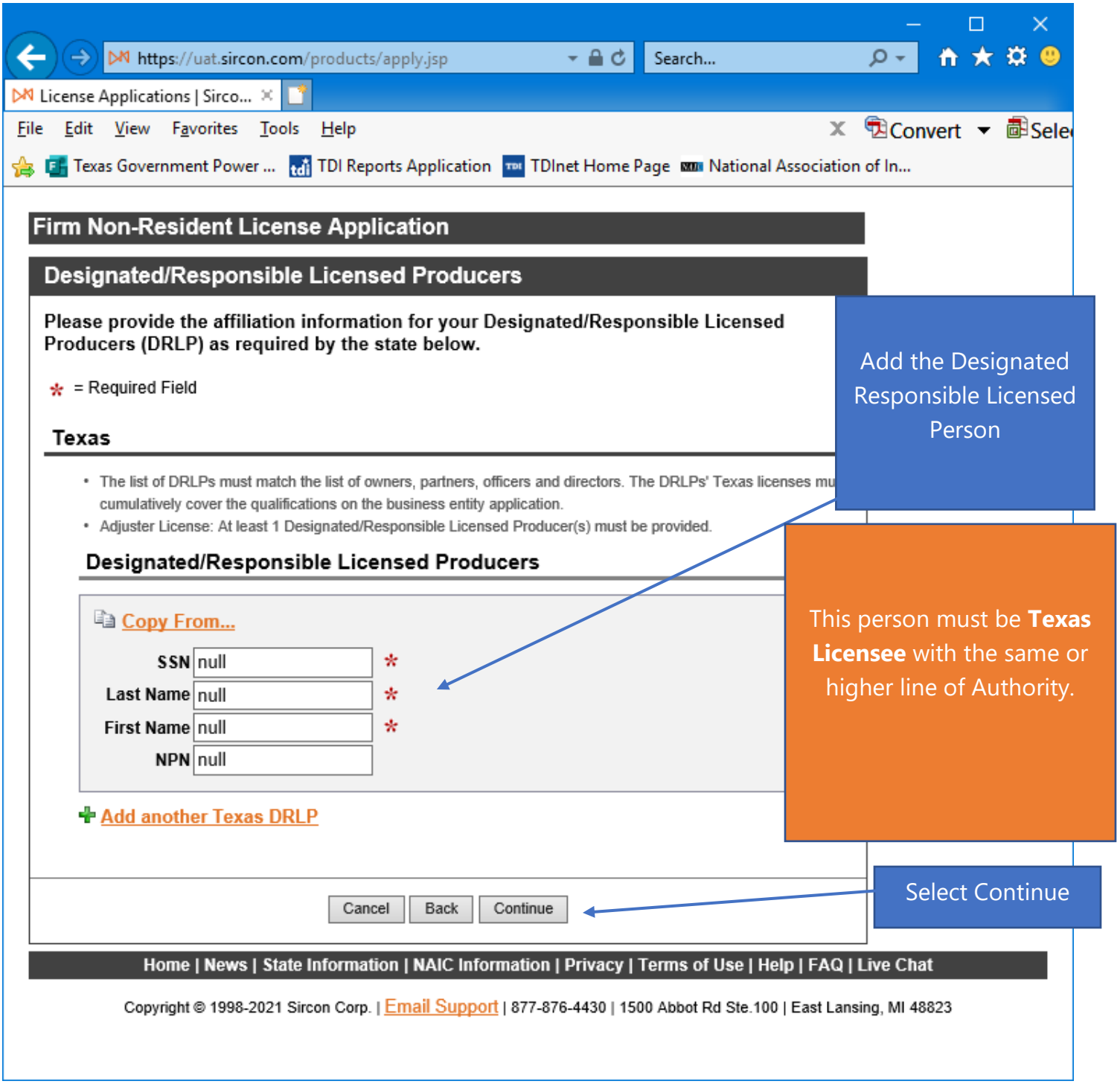
Verify the Address information, and provide any additional required information.



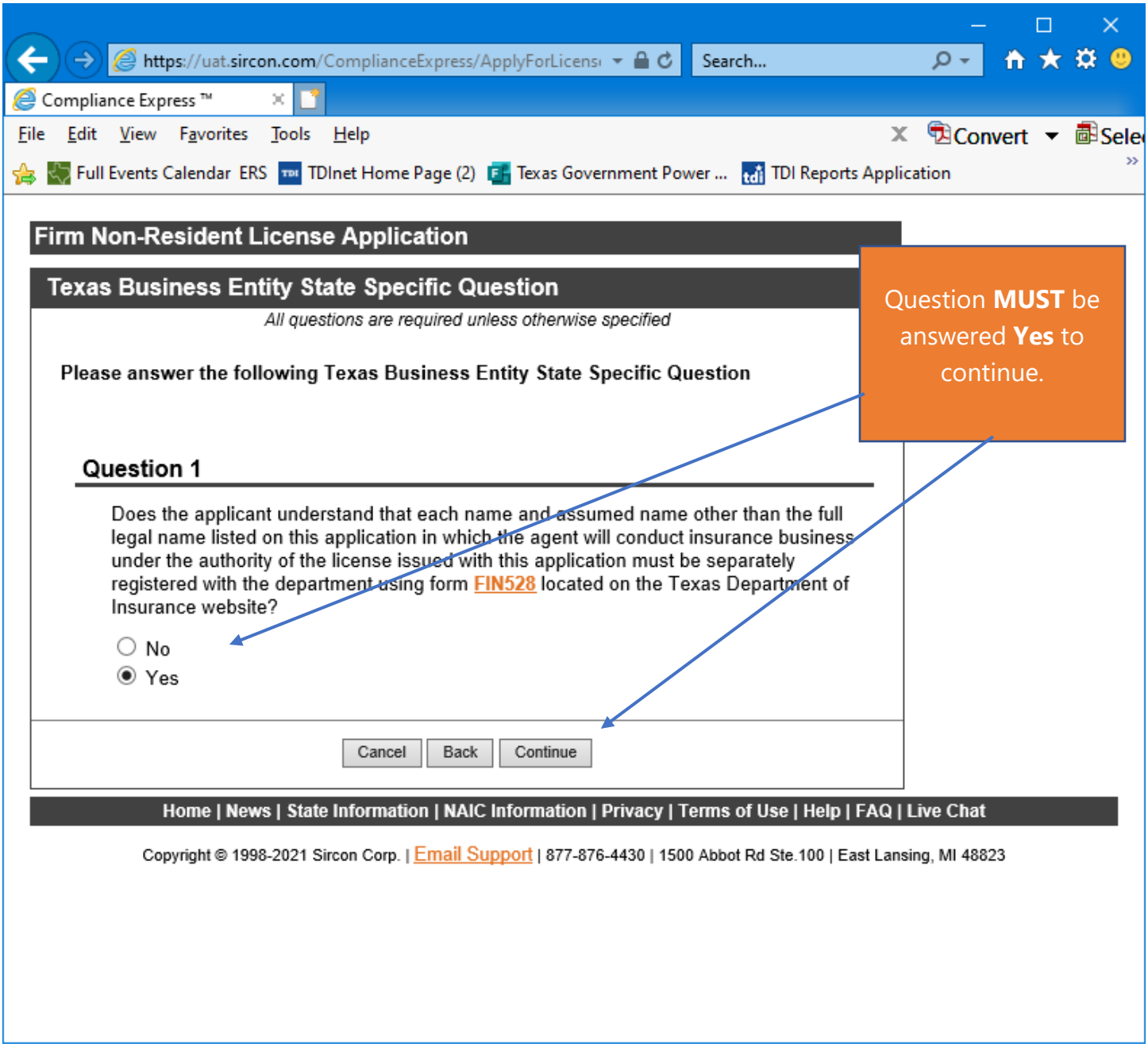
Provide the information required for each Officer, Director, and Owner for the applicant entity. **Note:** The Designated Responsible Licensed Person should be included in this list.



Select "**Continue**".



Enter the information for the **Designated Responsible Licensed Person**, which can be copied from the information provided on the previous screen. Select "**Continue**".



This State Specific Question must be answered "**Yes**" to continue. Select "**Continue**".

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Uniform Background Questions - Agency

All questions are required unless otherwise specified

Please answer the following Uniform Background Questions - Agency

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

Question 1

NOTE: For Questions 1a, 1b, and 1c **"Convicted"** includes, but is not limited to, ha been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,

b) a copy of the charging document,

c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Question 1A

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

- ○ No
- ○ Yes

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Question 1B

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owr partner, officer or director of the business entity or member or manager of a lir liability company currently charged with committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

- No
- Yes

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

Question 1B1

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

- No
- Yes
- Not Applicable

Question 1B2

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

- No
- Yes
- Not Applicable

Question 1C

Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?

- No
- Yes

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Question 2

Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition orde compliance order, placed on probation, sanctioned or surrendering a license to res an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license applic denied or the act of withdrawing an application to avoid a denial. You may EXCLU terminations due solely to noncompliance with continuing education requirements failure to pay a renewal fee.

If you answer yes, you must attach to this application:
a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- ○ No
- ○ Yes

Question 3

Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

- ○ No
- ○ Yes

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

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Question 4

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer yes, identify the jurisdiction(s):

- No
- Yes

Comment

Answer all questions **carefully**.

Attach any required documentation to this application after you submit the application.

Question 5

Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

- No
- Yes

Question 6

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

- No
- Yes

Select Continue

Cancel Back Continue

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Attestation Information for State of Texas

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer, director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction , the business entity or limited liability company hereby designates the Commissioner, Director, Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.

The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

I authorize the jurisdictions to which this application is made to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I understand if the applicant will be conducting an insurance agency business in Texas in a name other than its full legal name, a Registration of Assumed Name / Branch Locations / Entity Name Change form (TDI Form FIN528), must be submitted with the department for each name. The FIN528 form can be accessed from our Information Update Forms page at http://www.tdi.texas.gov/forms/form11update.html.

I certify that the Designated Responsible Licensed Producer(s)/Adjuster(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

☐ I Agree* *Required*

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Read **Attestation carefully**,

Select Agree

Read the Attestation carefully, then select "**I Agree**", then select "**Continue**".

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Firm Non-Resident License Application

License Application Summary

Resident State Georgia

Firm Name MIKES FIRM

Review License Application

Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
Texas	Life Agy Not Exceed $25,000	Life Not Greater Than $25,000	$50.00
		State Fee Total	$50.00
		Sircon Service Fee	$12.50

Fee Summary

Electronic Applications State Fee Total	$50.00
Sircon Service Fee Total	$12.50
Processing Fee Total	$2.79
Total	$65.29

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

☐ **I understand that all license application fees are non-refundable.**

Click here to view additional state requirements

☑ I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to: TEST@TDI.TEXAS.GOV

Cancel | Back | Submit

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Review complete application.

Also,

Review **ASR** document carefully **before** submitting the application.

Must be checked

Supply / Verify email address

Select Submit

The applicant must check the box next to "**I understand that all license application fees are non-refundable.**"

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https://uat.sircon.com/ComplianceExpress/LicenseApplications/JurSrvcLicMsgs.jsp?srvcGrpCd=LICAPPL&entTypeCd=AG&resCd=N

Firm Non-Resident License Application

License Application Additional State Requirements

Texas - Life Agy Not Exceed $25,000

- **Before Submitting Your Application Verify the License Type/Qualification selected is the correct License Type/Qualification.**
- The **Life Insurance Not Exceeding $25,000** license is limited to writing only Life insurance not exceeding $25,000 on any one life on receipt of certification from a stipulated premium company, a statewide mutual assessment company, a local mutual aid association, or a local mutual burial association.
- **To ensure proper processing of application, please note the following:**
  - Enter all data for the application in CAPS only.
  - Do not enter a P.O. Box address in the Business address field.
  - Do not enter punctuation in any address field.
  - Verify the **background questions** were answered correctly before the application is submitted.
- **Method of Submitting:** After submitting your license application electronically to the Texas Department of Insurance, print a copy of the license application to retain for your own records; DO NOT mail it to the state.
- All required attachments including documentation required in response to a **"Yes"** answer on a background or other requirements should be submitted to the state as follows:
  (1) On the License Application Confirmation page or the License Application Activity Inquiry, the applicant wi offered the Attach Supporting Documents button (paperclip icon) in the Action column.
  (2) Click the button to open the Attach Supporting Documents page.
  (3) There you can browse for the electronic document on your computer system, provide a description to give context for the reviewer, and
  (4) upload the document(s) to the license application.
  If you do not have scan capability, fax all the required documents along with a cover letter to the number listed below or mail to:
- **Texas Department of Insurance**
  Agents Licensing Division
  PO Box 12030,
  Austin, TX 78711-2030
  Phone: (512) 676-6500
  Fax: (512) 490-1052
- **Additional Information:**
- **Authorized submitters** are allowed to enter license applications on behalf of the producer.
- **Applicant may reapply** on the 96th day after expiration date
- Each **Designated Responsible Licensed Producer** (DRLP) must:
  - Hold the same or more comprehensive Texas license as the entity is applying for with this application.
  - Also be specified as an active Partner(s) or Officer(s) on the application.
- For each **Entity** listed as an Owner:
  - Please clarify the ownership of the applicant entity. Texas defines control as 10% or greater. For individuals meeting this standard provide name, address, DOB and SSN, and for entities meeting the standard provide name, address, FEIN and a list of officers, to include name and address only for each officer listed. If an entity is a trust, also give the name and address of the trustee. This attachment may be in the form of an organization chart.
  - Submit the name, address, DOB, and SSN of each DRLP, Owner, Officer, Director, Partner, and Member to the Texas Department of Insurance prior to license approval.
- **Business Authority in Texas:** Most entities are required to register to do business in this state prior to obtaining an insurance license.
  - All **resident** and **nonresident** corporations, limited liability companies, limited partnerships, limited liability partnerships, and agricultural cooperatives must provide a copy of their Charter, Certificate of Formation, or registration that was obtained from the Texas Secretary of State's office or other state's authorizing department (if nonresident entity). If the applicant entity was organized in a state other than Texas, then provide a copy of documentation that demonstrates the entity was organized under the laws of another state. Resident and nonresident entities may be required to register with the Texas Secretary of State. You may contact the Texas Secretary of State's office or call 512-463-5701
  - All banks and farm credit administration entities must provide a copy of the document issued by a federal or Texas state agency authorizing the entity to do business in Texas.

Review **ASR document carefully**.

Select close once read.

100%

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https://uat.sircon.com/ComplianceExpress/LicenseApplications/JurSrvcLicMsgs.jsp?srvcGrpCd=LICAPPL&entTypeCd=AG&resCd=N

- **Franchise Tax Requirements:**
- Entities are not required to provide the Department of Insurance a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller to obtain an agency license. However, your entity may still be a taxable entity subject to applicable Texas franchise tax. To determine if your entity is subject to Texas franchise tax, contact the Texas Comptroller of Public Accounts at www.cpa.state.tx.us or call 512-463-4865 or 1-800-252-1386.
- **Proof of Financial Responsibility** is required for **Resident** applicants.
  Agency applicants must provide **either** a surety bond in the amount of not less than $25,000 or an Errors & Omissions (E&O) Certificate of Insurance.
  Bond - A surety bond in the principal sum of $25,000 payable to the Texas Department of Insurance. (Bond forms may be obtained from the Texas Department of Insurance (TDI) or at http://www.tdi.texas.gov/forms/form11.html.
  The **E&O Certificate** must list the applicant as the named insured and the policy must be in at least the sum of $250,000 with a deductible of not more than 10 percent of the full amount of the policy.
- **Executive Officers, Directors, Partners and Individuals in Control Requirements**
  All executive officers, directors or partners who administer the applicant entity's insurance operations in Texas and all individuals in control of **10 percent** or more of the entity's voting stock must be identified.
  The social security number, date of birth, complete mailing address and fingerprint information must be provided for each individual listed.
- **Fingerprint Receipts** must be attached to this application submission unless waived:
- The **Fingerprint Receipt** requirement may be waived if one of the following applies:
  - The **Fingerprint Requirement** is waived if the applicant entity holds an active resident entity license that is similar to the license requested on this application.
  - The individual holds an **active TDI license** and has already submitted fingerprints to TDI with another license application, or
  - The non-resident individual holds a current similar license in good standing in the individual's home state as reflected on the National Association of Insurance Commissioner's Producer Database.
- **Control** means the power to direct or cause the direction of the management and policies of a license holder, whether directly or indirectly. A person is considered to control:
  - a corporate license holder if the person, individually or acting with others, directly or indirectly, holds with the power to vote, owns, or controls, or holds proxies representing, at least 10 percent of the voting stock or voting rights of the corporate license-holder; or
  - a partnership if the person through a right to vote or through any other right or power exercises rights in the management, direction, or conduct of the business of the partnership. At least one officer or one active partner of the applicant entity must be individually licensed by the Texas Department of Insurance.
- **For each responsible entity**, provide the entity's full legal name, complete mailing address, federal employee identification number (FEIN) and an attachment detailing the name and address of all individuals and entities that have controlling relationships affecting the applicant entity up to the ultimate controlling individual or entity. If an entity is a trust, also give the name and address of the trustee. The attachment may be in the form of an organization chart.
- **Fingerprinting**
  The fingerprint requirement is authorized in Texas Insurance Code 801.056 and amended 28 TAC 1.501 and 1.503-1.509.
  The complete text of the rule may be accessed at www.tdi.texas.gov/rules/2006/1003e-059.html.
  The Texas Department of Insurance strongly encourages all resident applicants to utilize electronic fingerprinting through approved vendors as authorized under the rule.
  Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.
- **Electronic Fingerprinting**
  View the Electronic Fingerprinting instructions at the following location:
  https://www.tdi.texas.gov/agent/fingerprint-instructions.html.
  (Fingerprints provided for an application will be used to check criminal history records of the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI), in accordance with applicable statutes).
  NOTE: TDI cannot complete processing of an entity application until it receives a criminal history report from DPS and FBI for each individual that is required to furnish a fingerprint receipt.
- To check on the **status of your application**, please use the following steps:
  - In your web browser, go to www.sircon.com\Texas
  - Click on the "Check License Application Status" link in the left-hand column
  - Enter your confirmation ID number, EIN and Producer Type
  - Click the Submit button
- Once your license application or renewal is approved, it may be printed at www.sircon.com\Texas for information on Sircon accounts.

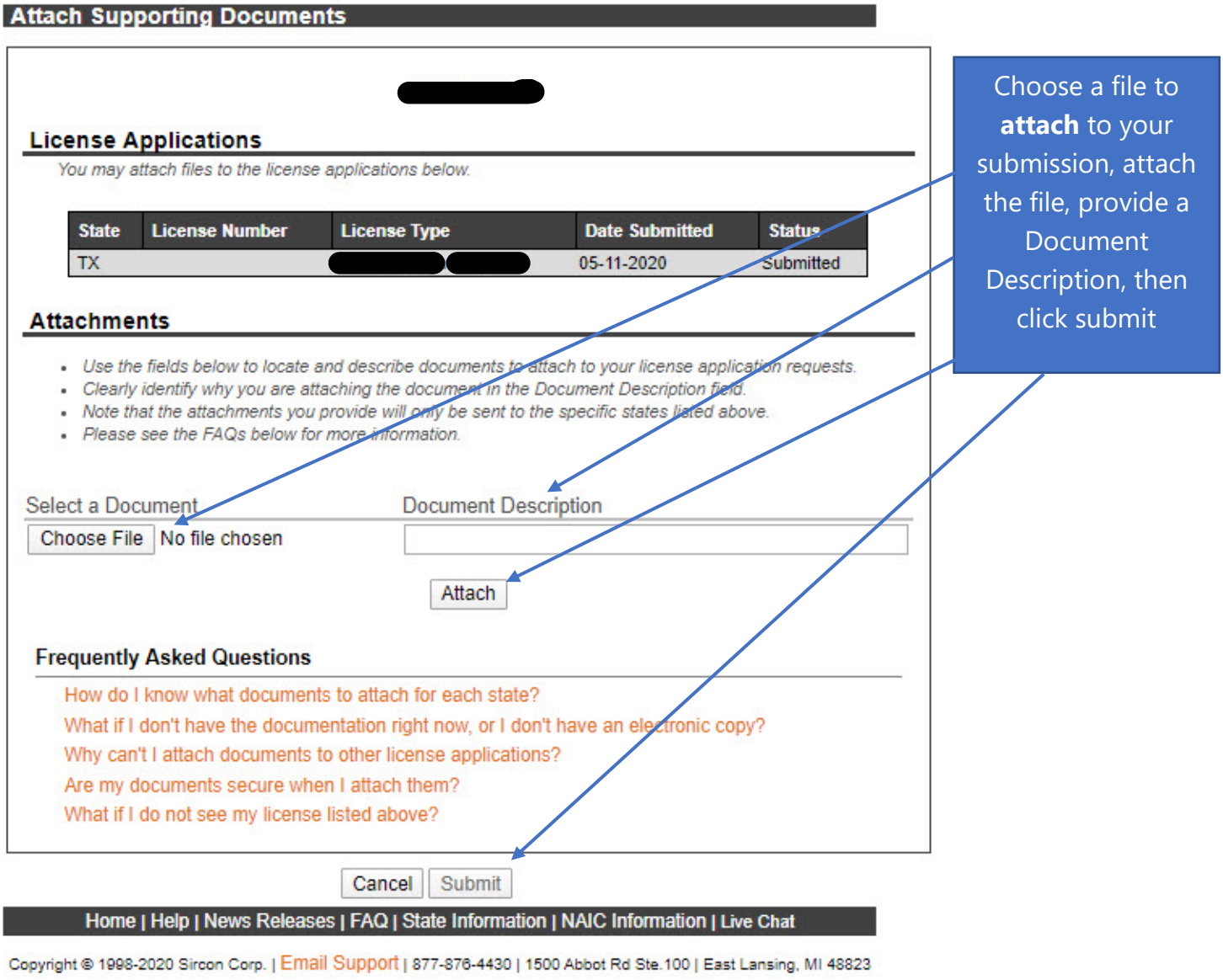
Close This Window

100%

Review **ASR document carefully**.

Select close once read.

This is a **sample** of what you will see after you submit your application. This screen will provide you the opportunity to attach required documentation with your application submission. Be sure to provide a **Document Description** to each attached file.



Be sure to add a Document Description to each attached file.