TDI | Texas Department of Insurance

Name Reservation Application

Company information

Company name _____

Physical address _____

City _____ State _____ ZIP _____

Mailing address _____

Check type of entity for which name is to be reserved:

☐ Life, Accident and/or Health

☐ Fire and/or Casualty

☐ Lloyds/Reciprocal

☐ Title

☐ Risk Retention Group

☐ Health Maintenance Organization (HMO)

    ☐ Single Health Care Service

    ☐ Basic Health Care Service

    ☐ Limited Health Care Service

☐ Multiple Employer Welfare Arrangement (MEWA)

☐ Joint Underwriting Association (JUA)

Application purpose

☐ Changing name of existing Company, Organization or Sole Proprietorship

This name is to be used by _____

Please complete C on next page.

☐ New Organization to be formed or an applicant applying for a Certificate of Authority (Domestic)

Please complete B and C on next page.

☐ Admission to the State of Texas (Foreign)

Please complete A and C on next page.

☐ Application for a Certificate of Authority as a MEWA or JUA

Please complete A, B, C, and D on next page.

☐ Assumed Name, Service Mark, DBA or Trademark for HMO

☐ Alien applying for Port-of-Entry

A. Please list all the States where your Organization, Partnership, or Sole Proprietorship currently holds a Certificate of Authority or license for the entity on the reverse side under the name applied for in this application:

B. Please list all the States where your Organization, Partnership, or Sole Proprietorship currently holds a Certificate of Authority under an assumed name for the entity on the reverse side (please identify the assumed name(s):

C. If a corporation list the incorporators as required by law and the organizers if different from the incorporators (if applicable); if a Partnership, list the partners; or if a Sole Proprietorship, state the legal name of the owner:

D. Affiliates:

E. If applicant is a MEWA - List the title or relationship of each organizer and affiliated organizations:

Company contact information

Mailing address _____

Email address _____

Phone number _____

Print Name _____

Signature _____ Date _____

TDI only (**Please do not write in this space**)

Publish date _____

Eligible date _____

Expiration date _____