

Company Licensing fee transmittal form

Instructions

For accounting only: **Division code 50561**

Use this form to send payment to TDI. Email the transaction filing documents with a copy of the check and a copy of this completed form to the Company Licensing and Registration Office at CLRFilings@tdi.texas.gov. For certificates, email the form to <u>CLRRequests@tdi.texas.gov</u>. For certificates of deposit, email the form to <u>SDFilings@tdi.texas.gov</u>. For questions call 512-676-6365.

Mail this form and payment to: **Texas Department of Insurance** Attn: Company Licensing and Registration MC-9999 PO Box 12030 Austin, TX 78711-2030

Deliver this form and payment to: **Texas Department of Insurance** Cashier's Office 1601 Congress Ave, 6th Fl Austin, TX 78701

| - | • | |
|---|--|-----------------------|
| Payment information | | |
| Name of payer: | | |
| Check number: Check amount \$ | | |
| Filing information | | |
| Select license type for filings in column on th | e left below: | |
| Life/Accident/Health (code 258) | Property/Casualty/Title/Surplus Lines (code 334) | HMO (code 526) |

| Indicate the filings to be submitted: | | - |
|---------------------------------------|------------|---|
| Indicate the filings to be submitted: | | |
| Filing type | Filing fee | X |
| Admission | \$0 | |
| Attorney in fact change | \$0 | |
| Attorney for service | \$0 | |
| COA amendment only | \$0 | |
| Charter amendment | \$0 | |
| Dissolution | \$0 | |
| Incorporation | \$0 | |
| Merger | \$0 | |
| Name reservation | \$0 | |
| Name reservation renewal | \$0 | |
| Reinsurance agreement (total) | \$0 | |
| Reinsurance agreement (partial) | \$0 | |
| Redomestication and/or restatement | \$0 | |
| Underwriter substitution | \$0 | |
| Certificate of compliance | \$11 | |
| Certified certificate of authority | \$11 | |
| | | |
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| | | |

Explanation, certificate delivery email and additional information on filing:_

| Filing type | Filing | Code | Х |
|--|----------|------|---|
| Captive application for certificate of authority | \$1,500 | 116 | |
| MEWA application for certificate of authority | \$5,000 | 330 | |
| MEWA final certificate of authority | \$1,500 | 330 | |
| CCRC application for certificate of authority | \$10,000 | 122 | |
| HMO application for certificate of authority | \$0 | | |
| HMO service area expansion or reduction | Varies | 527 | |
| HMO biographical affidavit filing | \$50 | 527 | |
| HMO other / miscellaneous | Varies | 526 | |
| PEO application for approval | \$5,050 | 91 | |
| Health care collaborative application | Varies | 537 | |
| Advisory organization license | \$100 | 125 | |
| Premium finance assessments | \$250 | 1545 | |
| Premium finance fees | Varies | 540 | |
| TPA fees | Varies | 460 | |
| Certified copy of TPA certificate of authority | \$11 | 453 | |
| Statutory deposit | \$0 | | |
| Certificate of deposit | \$0 | | |
| Deposit substitution/withdrawal/amendment | \$0 | | |
| Other | Explain | 31 | |

| Company information | | | |
|---------------------|-----------------|-----|--|
| • • | | | |
| | NAIC number(s): | | |
| Street address: | City and state | ZIP | |
| Contact person: | Email address: | | |
| Phone number: | Fax number: | | |