



# TEXAS DEPARTMENT OF INSURANCE

FIN321 | 0817

## Financial Regulation Division - Company Licensing and Registration (103-CL)

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104  
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

### Company Licensing Fee Transmittal Form

Division Code 50561

<b>Mail</b> checks with this form to: Texas Department of Insurance Attn: <b>Company Licensing and Registration MC 9999</b> 333 Guadalupe Austin, Texas 78701	<b>Physical Delivery</b> of checks with this form to: Texas Department of Insurance Tower I, Service Center 333 Guadalupe Austin, Texas 78701
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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](mailto:CLRFilings@tdi.texas.gov). For CERTIFICATES email form to [CLRRequests@tdi.texas.gov](mailto:CLRRequests@tdi.texas.gov).

#### Payment Information:

Name of Payor: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Amount \$: \_\_\_\_\_

#### Filing Information:

Mark the license type for which the filing is being submitted:

Life / Accident / Health - **CRE 258**       Property / Casualty / Title/Surplus Lines - **CRE 334**       Other - **See Below**

Mark the filing(s) being submitted:

Filing Type	Filing Fee	X
Admission	\$2,000	
Attorney in Fact Change	\$500	
Attorney for Service	\$25	
COA Amendment Only	\$50	
Charter Amendment	\$125	
Dissolution	\$25	
Incorporation	\$1,500	
Merger	\$750	
Name Reservation	\$100	
Name Reservation Renewal	\$25	
Reinsurance Agreement (total)	\$750	
Reinsurance Agreement (partial)	\$150	
Redomestication and/or Restatement	\$250	
Underwriter Substitution	\$125	
Certificate of Compliance	\$11 / each	
Certified Certificate of Authority	\$11 / each	

Filing Type	Filing Fee	X	CRE
Captive Application for Certificate of Authority	\$1,500		116
MEWA Application for Certificate of Authority	\$5,000		330
CCRC Application for Certificate of Authority	\$10,000		122
HMO Application for Certificate of Authority	\$7,500		527
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 TPA Certificate of Authority	\$11 / each		453
Other / Miscellaneous	explain filing		31

Explanation, certificate delivery instructions and/or additional information on filing(s):

#### Company Information:

Company Name(s): \_\_\_\_\_

License Number(s): \_\_\_\_\_ NAIC Number(s): \_\_\_\_\_

Street Address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Assigned Insurance Specialist (if known): \_\_\_\_\_