



ALIEN SURPLUS LINES INSURERS

(All evidence filings must include the full name of the insurer)

DUE DATE: June 1, 2011

(except as noted)

1. An **Annual Report** and/or **Audited Financial Statement** expressed ***in U.S. Dollars***, including auditor's most recent "Management Letter" and management's response.
2. A **Certified Copy of the Current License or Certificate of Authority** from the insurer's country of domicile. This license or certificate of authority must indicate the kind and class of business the company is authorized to write. New copies of the license should be submitted on a three-year cycle as with the biographical affidavits.
3. A **Current List of Texas Surplus Lines Agents** procuring business for the insurer. In addition, indicate agents with agency agreements, binding authority and claims paying authority. Any changes in the contracts (i.e., cancellation of contract, removal of binding authority or claims paying authority) must be submitted during the year. ***(This listing must include the complete name of agent/agency and the Texas Surplus Lines Agent License number only – Do not submit policy listings by agent.)***
4. Provide a **Three-Year Business Plan**, using [Form FIN424](#) as a guideline, to include Texas surplus lines business. ***(Provide updated Business Plan if current one filed with our office has financial projections for years prior to year 2008)***
5. **Biographical Affidavit** (current within 3 years) for each officer, director and management of the insurer, including underwriters primarily responsible for underwriting Texas risks. If underwriting is managed or performed by a separate company or agency, submit the name, address and phone number of such entity. ***Replace biographical affidavits for President, Secretary, and Treasurer if filed prior to year 2008.***
6. A copy of the **Trust Fund Agreement** and a **Current Statement of Account** from the trustee of trust fund. The trust fund, maintained in a U.S. Federal Reserve System Bank is an amount of not less than **\$5.4 million**. The trust fund must be styled for the protection of U.S. policyholders. The International Insurers Department Standard Trust Fund Agreement is preferred.
7. Provide the **Premiums Written in Texas** by each surplus lines agent with total premium for insurer for 2010. ***(Agent listings must include the full name of the surplus lines insurer.)***
8. Provide **Actuarial Opinion** or statement. **Due date: August 1, 2011.**
9. If listed by the IID, provide a **complete copy, including Interrogatories**, of the standard IID reporting format. **Due Date: August 1, 2011.**

(Failure to timely file evidence will result in the suspension or withdrawal of the insurer's surplus lines eligibility in Texas.)

**NOTE: A COMPLETE COPY OF ALL EVIDENCE MUST BE FILED WITH
THE SURPLUS LINES STAMPING OFFICE OF TEXAS**



CHECKLIST

ALIEN SURPLUS LINES INSURERS

 Name of Company

 Contact Person for Evidence Filings (Name, Phone # and E-mail address)

1. **Annual Report and/or Audited Financial Statement.**
(Must be in U.S. Dollars) _____
2. **Certified Copy of the Current License or Certificate of Authority** _____
3. ***Current List of Surplus Lines Agents** (Include agent/agency name
 and Texas Surplus Lines License Number ONLY) _____
4. ***Three-Year Business Plan** _____
5. **Biographical Affidavits** (updated if filed prior to year 2008) _____
6. *a. **Trust Fund Agreement** _____
 b. **Current Statement of Account** _____
7. ***Premium Written in Texas (Total for each agent with grand total)** _____
8. **Actuarial Opinion DUE DATE: August 1, 2011** _____
9. **Complete copy of the Standard IID reporting format, including
 Interrogatories DUE DATE: August 1, 2011** _____

Note: If items listed above are not submitted by the due date, provide explanation below.

***These items if available in electronic format may be transmitted via e-mail to both TDI and Stamping Office if filing to maintain eligibility. All evidence for new submissions must be filed in hard copy to both offices.**

COMMENTS _____

