TEXAS DEPARTMENT OF INSURANCE
Financial Regulation Division - Company Licensing and Registration (103-CL)
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TEXAS WORKERS' COMPENSATION SELF-INSURANCE GROUP (SIG) MERGER CHECKLIST

Subject to the approval of the Commissioner of Insurance, a Group may merge with another Group engaged in the same or a similar type of business, if the resulting Group assumes in full all obligations of the merging Groups.

If the merger will effect a change in Administrator or service company, an increase in deposit or bond requirements, or other transactions as noted in the Notification Form, please submit that information as a separate filing.

Please submit the following documentation for consideration of the merger:

- ☐ SIG notification form (FIN468).
- ☐ Certificate of Approval for all non-surviving
- ☐ SIGs Plan of merger, supported by a board of directors resolution, from each SIG, verified by minutes from the board of directors meeting, setting forth the following items:
    - Name of each SIG party to the merger.
    - Name of the surviving SIG.
    - Effective date of the proposed merger.
    - Statement setting forth that the surviving SIG will assume all liabilities of the non-surviving SIG.
- ☐ Notice to the employer members of the merger
- ☐ Balance sheet reflecting the financial condition of each SIG pre-merger, and consolidated effect post merger