Application for a Certificate of Authority to do business as an Administrator under the Insurance Code Chapter 4151

Name of Applicant:				
DBA:				
City/State of Incorp/Domicile:				
	(city)	(s	(state)	
hereby makes application for a Certif Texas, as defined in the Texas Insurance	•			
Life, Accident, or Health Benefits or Annui	ities 🛛 Pharmacy Benefits	U Workers' Compensation		
Applicant's organizational structure:				
□ Corporation □ General Partners □ Other (please list):		•	□ Trust	
Mailing Address:				
City:	State:	Zip:		
Physical Address:				
City:	State:	Zip:		
FEIN:				
Contact Person:				
	(located at mailing address			
Telephone No:				
Toll Free No:				
Fax No.:				
Website:				
Email:				
□ Check if you will allow TDI to share you	r email address in response to	o a public information req	juest. (You are not	

required to share it.)

In compliance with TIC §4151.052 and 28 Texas Administrative Code (TAC) §7.1604, please submit items A - O, along with a non-refundable application fee of **\$1,000.00**.

- A. Articles of Incorporation/Organization and all amendments currently (within the last 6 mo) certified by Secretary of State in the applicant's state of domicile.
- B. Copy of applicant's registration with the Texas Secretary of State (if applicable, not required of general partnership or sole proprietor).
- C. By-laws or Operating Agreement currently certified by corporate Secretary as true and correct as of the date signed. (Not required of General Partnership or Sole Proprietor).
- D. General Partnership Agreement (If applicable).
- E. Financial information as required by TIC §4151.052(a)(4).
- F. A certification of franchise tax account status from the Texas Comptroller's Office, if a corporation or applicable partnership.
- G. Copy of Fidelity Bond showing proof of employee dishonesty coverage as required by TIC §4151.055 and 28 TAC §7.1608 or 28 TAC §5.6403(g).
- H. Officers and Directors Page for Administrators (FIN306).
- I. Administrator Biographical Affidavit (FIN484) or NAIC Form 11 and receipt for electronic fingerprints for each Executive Officer or other comparable responsible person (example: Officer, Director, Partner, Sole Proprietor, or Owner).
- J. Narrative describing type of business, facilities, personnel, experience, and list of states where applicant is currently doing business as an administrator.
- K. Ownership information (identify any owner with 10% or more interest).
- L. List of Affiliates.
- M. Service of Process for Administrators, (FIN485). Required for foreign or alien applicants.
- N. List all licenses, authorizations, or certificates of authority held by the applicant.
- O. List any administrative action, order, or judgment issued against the applicant.

Does the applicant currently do business as an administrator in Texas?	□ YES	□ NO
If yes, please attach written explanation.		

I hereby certify that I have personally and completely answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief and that I have attached to this application all information requested. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules promulgated by the Texas Department of Insurance which relate to the issuance of the certificate of authority for which the applicant is applying and the grounds under which such certificate of authority may be denied, suspended, or revoked.

I further acknowledge that the applicant has the duty to update the information contained on this application and that failure to do so may result in disciplinary action.

(Date)

Executive Officer or other comparable responsible person (Officer, Director, Partner, Sole Proprietor or Shareholder)