

**Application for an Insurance Premium Finance Company License by a Bank or  
Savings and Loan Association (FORM PF1B)**

**Bank**

**Savings and Loan**

Name: \_\_\_\_\_

Address:

a. Street Address \_\_\_\_\_

b. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c. Mailing Address \_\_\_\_\_

d. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email\*: \_\_\_\_\_

*\*Note: An email address of a member of the public that is provided for the purpose of communicating electronically with a governmental body is confidential and not subject to disclosure. TEX. GOV'T CODE §552.137(a). However, a member of the public's email address may be released if the member of the public affirmatively consents to disclosure of the email address. TEX. GOV'T CODE §552.137(b).*

I consent to public disclosure of this email address

Bank/Savings and Loan Charter Number \_\_\_\_\_ (As issued by the State  
Banking Department or by the Comptroller of the Currency.)

FEIN: \_\_\_\_\_

Is the Bank/Savings and Loan affiliated with any other Bank, Savings and Loan Association, Holding Company, or  
other financial institution? \_\_\_\_\_

If yes, give the name and address: \_\_\_\_\_

**The following are submitted as required:**

- A. Copy of Charter issued by the State Banking Department or by the Comptroller of Currency.
- B. [Franchise Tax Certificate of Good Standing](#) or letter of exemption issued by the Texas Comptroller of Public Accounts.
- C. Appointment of Statutory Agent and Consent to Service ([FIN168 Form PF6](#)).
- D. License Fee as indicated below:
  - (1) Licenses issued January 1 through June 30: \$200.00
  - (2) Licenses issued July 1 through December 31: \$100.00

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_