



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

Title insurance agent or direct operation change request form

Use this document to report changes in: (1) license holder operations, including mergers, exchanges, and conversions; (2) ownership; (3) contact information or addresses; or (4) name or assumed name under Administrative Rules L-1.V.B.1 and L-3.V.B.1 of the Title Insurance Basic Manual (www.tdi.texas.gov/title/titleman.html).

TDI license number _____

Firm ID number _____

Name as listed on the license _____

► Fill out this section if there has been a change in ownership:

List the shareholders, members, or partners, and their percentage of ownership after the changes were made.

When adding the percentages of ownership for all owners, there must a total of 100 percent. If more space is needed, attach another page.

Owner name	% of ownership		Owner name	% of ownership
Owner name	% of ownership		Owner name	% of ownership
Owner name	% of ownership		Owner name	% of ownership
Owner name	% of ownership		Owner name	% of ownership

- 📎 If any new shareholders, members, or partners are not individuals, attach an organizational chart showing ownership up to the ultimate controlling person.
- 📎 For changes that require a notice be sent to the Secretary of State, such as mergers, acquisitions, and conversions, attach a copy of the updated Secretary of State documents showing the change.
- 📎 For any new owners list above, attach a Title insurance licensing biographical information (Form FINT08) if they are one of the following individuals for your business type:
 - For a sole proprietorship, the sole proprietor and each designated on-site manager.
 - For a partnership, each designated on-site manager and partner who is in control.
 - For an entity, each officer, director, limited liability company manager, designated on-site manager, and person who is control of the entity.
 - Each controlling person of an entity or partnership who is in control of the licensed entity or partnership.

► **Fill out this section for a change in officers, directors, limited liability company managers, or designated on-site managers for partnerships, limited liability companies, and corporations:**

List all current officers, directors, limited liability company managers, and designated on-site managers after the changes were made. If more space is needed, attach another page.

_____	_____	_____	_____
Name	Position title	Name	Position title
_____	_____	_____	_____
Name	Position title	Name	Position title
_____	_____	_____	_____
Name	Position title	Name	Position title

📎 For any new officers or directors listed above, attach a Title insurance licensing biographical information (Form FINT08) if they are one of the following individuals for your business type:

- For a sole proprietorship, the sole proprietor and each designated on-site manager.
- For a partnership, each designated on-site manager and partner who is in control.
- For an entity, each officer, director, limited liability company manager, designated on-site manager, and person who is control of the entity.
- Each controlling person of an entity or partnership who is in control of the licensed entity or partnership.

► **Fill out all parts of this section if your contact information or address changed:**

Title insurance agents and direct operations must notify TDI within 30 days of an address change.

Mailing address

Street address, route, or PO Box _____
 City _____ State _____ ZIP _____

Physical address

Street address, physical location, or route _____
 City _____ State _____ ZIP _____

📎 For a change in direct operation branch office locations, attach a current list of branch office physical and mailing addresses.

Contact name _____

Contact phone number (include area code) _____

Contact email _____

► **Fill out this section if the license holder name has changed:**

New name of license holder _____

 If you filed the name change with the Secretary of State, attach a copy of the new Secretary of State Certificate of Filing.

A surety bond, letter of credit, or deposit must be updated to show the correct name.

► **Fill out this section if a new assumed name is being used:**

New assumed name of license holder _____

 Attach a copy of the Secretary of State Assumed Name Certificate or a document showing the assumed name was filed with a county.

► **Fill out this section if an assumed name is no longer used:**

Assumed name that is no longer used _____

 Attach documents showing proof that the assumed name is no longer used.

► **Sign here:**

The answers I gave on this form are true and correct:

Representative's signature

Date

► **To be filled out by a notary public:**

State of _____

County of _____

Before me, notary public, on this day personally appeared _____,
Applicant representative's name

known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized seal)

Notary public's signature

► **Return this form and any attachments one of these ways:**

Mail:

Texas Department of Insurance
Title Licensing (Mail code 107-TL)
PO Box 149104
Austin, Texas 78714-9104

Overnight mail or in person:

Texas Department of Insurance
Title Licensing (Mail code 107-TL)
333 Guadalupe
Austin, Texas 78701

Email: TDI-TitleLicensing@tdi.texas.gov

► **Contact us if you have questions:**

You can: (1) use our online question form at www.tdi.texas.gov/agent/question.html, (2) email TDI-TitleLicensing@tdi.texas.gov, (3) or call 512-676-6475.

► **Know your rights:**

You have the right to see and get facts we have about you: If you want to get information we have about you, you must ask us in writing. You might need to pay to get a copy of this information. You can send your letter or email one of these ways:

Email: OpenRecords@tdi.texas.gov

Fax: 512-490-1021

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance

Public Information Coordinator

PO Box 149104 (Mail code 110-1C)

Austin, Texas 78714-9104

You have the right to ask that we fix information we have about you that is wrong: If you want to ask that we fix information we have about you that is wrong, you must ask us in writing. The letter or email must have: (1) your name and mailing address, (2) your phone number, (3) details about what needs to be fixed, and (4) the reason or proof showing why the information is wrong. You can send your letter or email one of these ways:

Email: RecordCorrections@tdi.texas.gov

Fax: 512-490-1025

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance

Record Correction Request

PO Box 149104 (Mail code 113-1C)

Austin, Texas 78714-9104