TEXAS DEPARTMENT OF INSURANCE
Financial Regulation Division - Company Licensing and Registration (103-CL)
333 Guadalupe, Austin, Texas 78701 ✯ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

Statutory Deposit Fee Transmittal Form

Division Code 50561

Mail checks with this form to:	**Physical Delivery** of checks with this form to:
Texas Department of Insurance Attn: **Company Licensing and Registration MC 9999** P.O. Box 149104 Austin, Texas 78714-9104	Texas Department of Insurance Tower I, Service Center 333 Guadalupe Austin, Texas 78701

Email the transaction filing documents with a copy of the check and a copy of this completed form to the Statutory Deposit Team at SDFilings@tdi.texas.gov. For more information please contact Statutory Deposit at 512-676-6375; option 5.

Payment Information:

Name of Payor: _____

Check Number: _____ Check Amount $: _____

Filing Information:

Mark the company type for which the filing is being submitted:

- ◯ Life / Accident / Health - **CRE 258**
- ◯ Property / Casualty / Title - **CRE 334**
- ◯ HMO - **CRE 526**

Check mark the filing(s) being submitted:

Filing Type	Filing Fee	X
Certificate of Deposit	$10 / each	
Deposit	$100	
Substitution / Withdrawal / Amendment	$50	

Certificate Delivery Preference:

- ◯ Electronic - Email
- ◯ Pick up at TDI
- ◯ Standard Mail
- ◯ UPS (attach label to this form)
- ◯ FEDEX
  Account Number _____

Company Information:

Company Name(s): _____

License Number(s): _____ NAIC Number(s): _____

Street Address: _____ City and State: _____ Zip Code: _____

Contact Person: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Assigned Specialist (if known): _____

Explanation and/or additional information on filing(s):