

CAPTIVE MANAGEMENT COMPANY REGISTRATION

Please read the general information beginning on page 4. The application must be either typed or printed in ink. All requested information must be submitted with this application.

Part I – To be completed by all applicants

Registration Type:

Captive Management Company **Entity Type:** Check your entity type.

Corporation

Limited Partnership

Association

Limited Liability Company

Limited Liability Partnership

Applicant Information: (Please read carefully and provide all requested information)

1 Captive Management Company's Full Legal Name: _____
PRINT FULL LEGAL NAME OF ENTITY

2 Applicant's Federal Employer Identification Number (FEIN) and Business Phone Number:

This application cannot be processed without this information.

FEIN DAYTIME PHONE NUMBER EXT.

WEBSITE ADDRESS DATE OF FORMATION

3 Official Mailing Address: This is the address of record with TDI.

STREET, PHYSICAL LOCATION

CITY STATE ZIP CODE

4 Business Address: This address must be your primary office address where the applicant will maintain business records of Texas transactions. Where the manager will retain records.

BUSINESS ADDRESS

CITY STATE ZIP CODE

- 5 Provide the Biographical information of the Designated Responsible Party for the Captive Management Company. See Part III:

INDIVIDUAL'S FULL LEGAL NAME		TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DAYTIME PHONE NUMBER	
STREET, PHYSICAL LOCATION	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

Part II – Texas Authorizations

- 1 **Business Authority in Texas:** Most entities are required to register with the Texas Secretary of State.
- a. All resident and nonresident corporations, limited liability companies, limited partnerships, limited liability partnerships, and agricultural cooperatives must provide a copy of their Charter, Certificate of Formation, or registration that was obtained from the Texas Secretary of State's office or other state's authorizing department (if non-resident entity). If the applicant entity was organized in a state other than Texas, then provide a copy of documentation that demonstrates the entity was organized under the laws of another state. Resident and nonresident entities may be required to register with the Texas Secretary of State. You may contact the Texas Secretary of State's office at www.sos.state.tx.us or call 512-463-5701.
- Have you attached a copy of the document that demonstrates the applicant entity is organized under the laws of this state or another state? No, not applicable because (i.e. general partnership) Yes
- b. Franchise Tax: Entities are not required to provide the Department a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller to obtain an agency license. However, your entity may still be a taxable entity subject to applicable Texas franchise tax. To determine if your entity is subject to Texas franchise tax, contact the Texas Comptroller of Public Accounts at www.cpa.state.tx.us or call 512-463-4865 or 1-800-252-1386.

I understand it is the entity's responsibility to contact the Texas Comptroller of Public Accounts to determine if it is a taxable entity and subject to Texas franchise tax. No Yes

Part III – Attachment Information

Biographical Certificates: Attach a separate completed FIN548 [Captive Management Company Biographical Certificate Form](#) for the Designated Responsible Party, being the individual for conducting the Captive Management Company's affairs.

Mail this application, along with any fees and required attachments:

Via USPS send to:

Agent and Adjuster Licensing, MC CO-AAL
Texas Department of Insurance
PO Box 12030
Austin, TX 78711-2030

Via UPS and Fedex send to:

Lockbox, MC CO-AAL
Texas Department of Insurance
208 E. 10th St
Austin, TX 78711

Part IV – Certification

I hereby certify that I, being the Designated Responsible Party named in this application, 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 and regulations promulgated by the Texas Department of Insurance, which relate to the issuance of the registration being applied for and the grounds under which such registration may be denied, suspended, revoked or non-renewed. I certify that the Captive Management Company for which I am seeking registration complies with the requirements of the Texas Insurance Code and regulations promulgated by the Texas Department of Insurance.

SIGNATURE OF DESIGNATED RESPONSIBLE PARTY

PRINT FULL LEGAL NAME

The State of _____, County of _____,

Before me _____, on this day personally appeared
(PRINTED NOTARY'S NAME)

_____, known to me (or proved to me
(PRINT NAME OF SIGNING INDIVIDUAL)

on the oath of _____ or through _____
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC) (DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D., _____.

(NOTARY SEAL)

NOTARY PUBLIC SIGNATURE

Notary Public, State of _____

Part V – General Information

Names: Applicants must apply for registration in their full legal name as authorized on their official formation documents.

Addresses: The official mailing address provided in Part I must be the Captive Management Company's permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. Address changes must be reported to TDI as required in the Texas Insurance Code. If the official mailing address changes, an applicant for registration or an applicant for renewal of registration must notify TDI, in writing, either by fax to 512-322-3553 or by mail to:

Biographical Form: The applicant for registration must submit a FIN548 [Captive Management Company Biographical Certificate Form](#) to the Department for the individual responsible for conducting the Captive Management Company affairs.

Fingerprinting: The fingerprint requirement for the Designated Responsible Person is authorized in Texas Insurance Code §801.056 and amended 28 TAC §1.501 and §§1.503–1.509. The Texas Department of Insurance strongly encourages all resident applicants to utilize electronic fingerprinting through approved vendors as authorized under the rule. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.

Click the following link for detailed information about [Fingerprint Requirements and Instructions](#).

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, MC GC-ORO, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, MC CO-AAL-CC, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030.