

Notice of intent to relocate books and records outside of Texas (Form TDI BR-93)

Instructions

- You must submit this form (TDI BR-93) to request approval to maintain books and records outside of Texas under Texas Insurance Code Chapter 803. **Note:** The usual records of the business produced by an agency of the domestic company are not subject to TIC Chapter 803.
- This application must be signed with the appropriate signatures and emailed to FAFilings@tdi.texas.gov.
- You must submit separate signed and notarized applications for each domestic company.
- Books and records relocated out of Texas must be maintained in the United States.
- You must qualify as an "eligible insurer" under 28 Texas Administrative Code Section 7.25(b)(3).
- You must be in compliance with Texas Insurance Code Chapter 823.
- You must complete Form TDI / SOP, and a controlling person who is not a natural person must complete Form TDI / SOP-CP to appoint a person in Texas other than the Commissioner of Insurance to accept service of process on their behalf.
- You must complete Section 2 if an agreement with affiliate is already on file. Complete Sections 2 and 3 if there is no agreement on file. Complete Sections 2, 3, and 4 if the agreement is with a nonaffiliate.

Amended TIC Chapter 803 Applications

- If you are amending the TIC Chapter 803 application to change locations (same affiliates but at different locations), you must complete Sections 1 and 5.
- If you are amending the application to reflect new or different affiliates and their locations, you must complete Sections 1, 2, 3, 4, and 5 (as applicable).

Section 1: Contents of Notice

Name of eligible insurer _____

1. Address of eligible insurer's principal administrative office(s).

Street address or route _____

City _____ State _____ ZIP _____

📎 If there is more than one principal administrative office, identify the activities performed at each principal administrative office on a separate sheet and attach to this form.

2. Address of location(s) of the eligible insurer's records before the proposed relocation of records.

Street address or route _____

City _____ State _____ ZIP _____

📎 If there is more than one location, identify the records maintained at each location on a separate sheet and attach to this form.

3. Address of eligible insurer's principal administrative office(s) after the proposed relocation of records.

Street address or route _____

City _____ State _____ ZIP _____

📎 If there is more than one principal administrative office, identify the activities that will be performed at each principal administrative office on a separate sheet and attach to this form.

4. Address of the proposed location(s) of the eligible insurer's records and a detailed description of the records that will be maintained at these location(s) (for example, accounting, tax, actuarial, investments, reinsurance, legal, underwriting, claims, marketing).

Street address or route _____

City _____ State _____ ZIP _____

List the records located at the above address.

5. Mailing address of eligible insurer after relocation.

6. The expected effective date of the proposed relocation of the eligible insurer's records.

7. Describe the eligible insurer's affiliation with an insurance holding company system.

8. If eligible insurer is affiliated with an insurance holding company system, provide a statement that the eligible insurer has made the filings required by TIC Chapter 823.

9. If eligible insurer is affiliated with an insurance holding company system, provide a statement that the eligible insurer is in compliance with TIC Chapter 823.

10. Describe any actual, proposed, or contemplated financial involvement with respect to the relocation of the records by an officer, director, or employee or a person who is the beneficial owner, directly or indirectly, of 10% or more of the voting securities of the eligible insurer or affiliated insurance holding company system.

11. Provide an analysis of the benefits to the eligible insurer anticipated as a result of the relocation of the records, including the impact on the location being abandoned.

12. Describe the impact of the relocation of the records on policyholders and claimants.

13.  Attach Form TDI/SOP executed by the eligible insurer.

14.  Attach Form TDI/SOP-CP executed by a controlling person of the eligible insurer who is not a natural person.

15. Will the records of the eligible insurer be maintained by a person other than the eligible insurer?

Yes No

16. If the response above is "Yes," complete Section 2. If the response is "No," skip Sections 2, 3, and 4 and proceed to Section 5.

Section 2: Relocation and possession of records with a person other than the eligible insurer

1. Name of the person who will possess and maintain the records:

2. Names of the directors, executive officers, principals, or principal shareholders of the person identified above.

3. Describe the person's affiliation with the insurance holding company system identified in Section 1, if any.

4. Describe the control mechanisms in place to assure the effective and efficient reconciliation of the records to be maintained by the person with those corporate records maintained by the eligible insurer.

5. Explain how the eligible insurer will maintain direct supervision, management, and control of the records that are relocated.

6.  Attach a copy of the agreement between the eligible insurer and the person possessing and maintaining the records. The agreement must comply with Section 3, TIC Chapter 823, Subchapter C, TAC Sections 7.204(a)(2)(D) and 7.212 if the parties are affiliated and Sections 3 and 4 if the parties are not affiliated.

7. Describe the additional management reporting systems and internal controls that the eligible insurer will use relative to its arrangement with the person possessing and maintaining the records of the eligible insurer.

8. Describe any existing computer link-up that will permit online access to the eligible insurer by TDI examiners or explain why a link-up would not be practical.

Section 3: Required provisions for agreement between eligible insurer and a person (affiliated or nonaffiliate) to maintain records

Insert the following into the agreement:

1. Description of the functions to be performed by the person possessing and maintaining the records.
2. A provision that requires the records of the eligible insurer be under the eligible insurer's direct supervision, management, and control.
3. A provision authorizing TDI to examine, at the eligible insurer's expense, the records and operations of the person possessing and maintaining the records of the eligible insurer at the location of the records, regarding the arrangement with the eligible insurer.
4. A provision requiring the person possessing and maintaining the records to fully cooperate with TDI staff during an examination conducted in relation to 3 above.

Section 4: Additional required provisions for agreement between eligible insurer and nonaffiliate to maintain records

Insert the following into the agreement:

1. Only records related to policyholder claims, policy administration, and related processes may be maintained by the nonaffiliated person.
2. Only active claim files may be maintained by a nonaffiliated person.
3. Claim files, when closed, must be returned to the eligible insurer within 60 days of closing.
4. Copies of active claim files will be maintained by the eligible insurer at all times unless the commissioner's approval of the relocation of the records finds that it would not be practical and specifically waives this requirement.
5. Active claim files maintained by the nonaffiliated person must be provided to examiners representing TDI on-site within three days of the request.
6. Representatives of the nonaffiliated person responsible for the maintenance of the eligible insurer's records must be reasonably available at the location of the eligible insurer's records when examiners representing TDI are at that location.
7. The nonaffiliated person must be licensed by TDI to perform the services contemplated by the arrangement with the eligible insurer.
8. The eligible insurer must audit the nonaffiliated person at least once each six months to evaluate the internal controls and compliance with the agreement between the eligible insurer and the nonaffiliated person (performance audit) with regard to the records of the eligible insurer maintained by the nonaffiliated person. The audits must be conducted by people who are knowledgeable in the claims adjusting process and internal controls. Auditors should include representatives of the eligible insurer's internal audit department and/or the audit committee of the board of directors of the eligible insurer, and the audit reports must be reviewed by the board of directors of the eligible insurer and the nonaffiliated person.

Section 5: Signature and Certification

Name of eligible insurer _____

Printed name _____

Title _____

Sworn to this _____ day of _____, 20_____.

(Seal)

Notary public signature _____

Printed name _____

My commission expires _____

Form TDI / SOP – Service of process form for domestic insurer

STATE OF _____

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS:

That _____, Texas, a _____

Insurance company (or Lloyd’s Plan or Reciprocal Exchange) incorporated under the laws of Texas, conformity with the news thereof, does nominate, constitute, and appoint

Located at _____, in _____,

Texas _____ (ZIP) the true and lawful agent and attorney for said company, for the State of

Texas, to acknowledge service of legal process issued by any court of the State of Texas for and on the behalf of said company, or on whom service of such process may be had, according to the laws of the State of Texas; hereby waiving all claim or right of error by reason of such acknowledgement of such service of process, whether intermediate or final. And it is admitted and agreed that such acknowledgement of service of process shall be taken and held to be a valid and sufficient in that behalf as if served upon the company according to the laws of the State of Texas, or any other state.

This instrument and such appointment and power shall continue and remain in full force and effect only so long as the company shall continue and maintain its Insurance Code Chapter 803 status. Upon the termination of the Chapter 803 status, the service of process provisions routinely applied to domestic insurance companies by the provisions of the Insurance Code and other applicable state laws shall immediately become applicable.

In Testimony Whereof, the company has caused these presents to be executed by its duly authorized officers and in attestation thereof has caused its corporate seal to be hereunto affixed, on

this _____ day of _____, 20_____.

Corporate name _____

(Seal)

Signature of secretary _____

Printed name _____

Signature of president or attorney in fact _____

Printed name _____

Form TDI / CP – Service of process form for corporate controlling person

State of _____

County of _____

Know all men by these presents:

That _____, of _____

the controlling person of the affiliated insurance holding company system of which

is a part, does appoint, constitute, and designate _____

located at _____, in _____ Texas, _____ (zip),

the true and lawful agent and attorney of the company, for the State of Texas, to acknowledge service of legal process issued by any court of the State of Texas and on behalf of the company, or on whom service of such process may be had, according to the laws of the State of Texas, waiving all claim or right of error by reason of such acknowledgement of such services or process, whether intermediate or final. And it is admitted and agreed that such acknowledgement of service of process shall be taken and held to be as valid and sufficient in that behalf as if served upon the company according to the laws of the State of Texas, or any other state. This instrument and such appointment, agency and power shall continue and remain in full force and effect only so long as _____,

Texas shall continue and maintain its Insurance Code, Chapter 803 status. Upon termination of the Chapter 803 status of _____ this appointment will terminate immediately.

In testimony whereof, we officially subscribe our names and affix the corporate seal of the corporation, at _____ on this, the _____ day of _____, 20____.

Corporate name _____

(Seal)

Signature of secretary _____

Printed name _____

Signature of president or attorney in fact _____

Printed name _____

State of _____

County of _____

Before me, the undersigned authority on this day personally appeared

_____ and

who are known to me to be the persons and officers whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration and in the capacities therein expressed, and that the same is the act and deed of

_____ the corporate entity mentioned in said instrument.

Given under my hand and seal of office, at _____

on this, the _____ day of _____, 20_____.

(Seal)

Notary public state of _____

Printed name _____

My commission expires _____

Be it resolved by the Board of Directors (or Underwriters or Subscribers) of _____,

a corporation duly incorporated (or organized) under the laws of the State of _____

That whereas, _____ the President and _____,

the Secretary of the corporation, being duly authorized, did on the day _____ of

_____, 20_____, duly execute for and on behalf of the corporation the above power of attorney.

Now, therefore, the action of said officers of the corporation and said power of attorney are in all respects approved, ratified and confirmed as the act and deed of the corporation, and it is ordered and directed that said power of attorney and duly certified copy of this resolution, attested by the President and Secretary, and the corporate seal of the corporation, be transmitted to the Commissioner of Insurance of the State of Texas, to be filed in his/her office, there to remain a permanent record of the Department.

We _____, the President and _____, the

Secretary of _____, a corporation duly incorporated under

the laws of the State of _____, do certify that the above

instrument is a true and correct copy of a resolution which was duly adopted by the Board of Directors of the

corporation on the _____ day of _____, 20_____.

as shown in Book _____, pages _____, of the minutes of the proceedings of the Board of Directors.

In testimony whereof, we officially subscribe our names and affix the corporate seal of the corporation, at _____ on this, the _____ day of _____, 20_____.

(Seal)

Signature of secretary _____

Printed name _____

Signature of president or attorney in fact _____

Printed name _____