

## Moving a Captive Insurance Company's Books and Records Out of the State of Texas Under Texas Insurance Code, Section 803

### Requirements:

- PO Box locations are not acceptable for physical address;
- This form must be signed by the President of the Captive Insurance Company;
- All notice of intent filings should be e-mailed to [Captives@tdi.texas.gov](mailto:Captives@tdi.texas.gov).

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### Notice of Intent of Captive Insurance Company to Move its Books, Records, Accounts, and/or Principal Office(s) Outside the State of Texas

1. Name of Captive Insurance Company

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2. Physical/street address of Captive Insurance Company principal office(s). If there is more than one principal office, identify the activities that are performed at each principal office as an attachment to this form.

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Number and Street (Do not use a P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Physical/street address of the location(s) of the Captive Insurance Company records BEFORE the proposed relocation of records. If there is more than one location, identify the records that are maintained at each location as an attachment to this form.

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Number and Street (Do not use a P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Physical/street address of the location(s) of the Captive Insurance Company records AFTER the proposed relocation of records. If there is more than one principal office, identify the activities that will be performed at each principal office as an attachment to this form.

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Number and Street (Do not use a P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Physical/street address of the proposed location(s) of the Captive Insurance Company records and a detailed description of the records that will be maintained at these location(s).

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Number and Street (Do not use a P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of records that will be maintained at this location:

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6. MAILING address of the Captive Insurance Company records after relocation (for TDI purposes).

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PO Box is acceptable for mailing address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. The anticipated effective date of the proposed relocation of the Captive Insurance Company records:

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8. If the records of the Captive Insurance Company will be maintained by an entity other than the Captive Insurance Company (for example, a captive management company), state the name of the entity that will be maintaining the records of the Captive Insurance Company.

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9. Provide an explanation and description of control mechanisms in place to assure the effective and efficient reconciliation of the records to be maintained by the entity (captive management company) with those corporate records maintained by the Captive Insurance Company.
10. Provide an explanation of how the Captive Insurance Company will maintain direct supervision, management and control of the records that are relocated.

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Captive Insurance Company - President's Name

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President's Signature

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Date