

**Notice of Change of Control**

Certificate for

\_\_\_\_\_  
(name of individual(s) or acquiring company)

I (We), the undersigned duly authorized officer of \_\_\_\_\_ hereby  
(name of individual(s) or acquiring company)

certify, as of the date hereof, that this certification is being made pursuant to Texas Ins. Code §4151.211, as a result of a proposed change of control of

\_\_\_\_\_, a Third-Party Administrator licensed in  
(name of licensed TPA)

the State of Texas. \_\_\_\_\_ has entered into an agreement to acquire  
(name individual(s) or acquiring company)

control of \_\_\_\_\_;  
(name of licensed TPA)

1) A biographical affidavit for each person in connection with the proposed change of control of \_\_\_\_\_ has been provided to the Texas Department of Insurance;  
(name of licensed TPA)

2) No person who is acquiring an ownership interest in or control of \_\_\_\_\_  
(name of licensed TPA)  
has been the subject of a disciplinary action taken by a financial or insurance regulator of the state, another state or the United States; and

3) Immediately after the change of control, \_\_\_\_\_, will be  
(name of licensed TPA)  
able to satisfy the requirements for the issuance of a certificate of authority as a Third-Party Administrator in the State of Texas.

IN WITNESS WHEREOF, the undersigned has executed and delivered this Certificate in the name and on behalf of \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(name of individual(s) or acquiring company)

By: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(typed or printed name)

