



_____ Premium Finance License Renewal Application
(YEAR) for

COMPANY No: _____

LICENSE No: _____

COMPANY NAME: _____

DBA: _____

Don't Forget to Include:

- This Face Sheet as the **front page** of your application
- License Renewal Fee:
 - \$200 if **POST MARKED** before license expiration on December 31
 - \$300 if **POST MARKED** after license expiration on December 31 but less than 90 days.
 - If license expired more than 90 days but less than 2 yrs. please contact our office to determine fees before business is resumed.
- Completed Renewal Application (FIN163, Form PF1C)
- Documentation of Active Franchise Tax Account Status
- Any Additional Page(s) of Explanation/Comments
- If not Renewing, please return original license along with this application.
- If applicable, submit forms and fees for Relocation, Name Change or Change of Ownership

Submit a complete filing to:

CLRFilings@tdi.texas.gov

Or

Texas Department of Insurance
Company Licensing and Registration MC103-CL
333 Guadalupe
Austin, TX 78701



PREMIUM FINANCE LICENSE RENEWAL APPLICATION (FORM PF1C)

(YEAR)

LICENSE NUMBER: []

Date: _____

Company Name:
Doing Business As Name (DBA):
FEIN:
Mailing Address:
Physical Address:
Primary Contact Person: Website:
Office Phone: Fax Phone: Toll Free:
*Primary Contact Person's Email:

*Note: An email address of a member of the public that is provided for the purpose of communicating electronically with a governmental body is confidential and not subject to disclosure. Tex. Gov't Code §552.137(a). However, a member of the public's email address may be released if the member of the public affirmatively consents to disclosure of the email address. Tex. Gov't Code §552.137(b).

[] I consent to public disclosure of this email address

IF RENEWING: Return this completed form (FIN163, Form PF1C), \$200 Renewal Fee and documentation of Active Franchise Tax Account Status (https://mycpa.cpa.state.tx.us/coa/Index.html) or Letter of Exemption issued by the Texas Comptroller of Public Accounts.

Renewals POST MARKED after DECEMBER 31 but less than 90 days late, require payment of the \$200 renewal fee and a \$100 penalty fee before business may be resumed. Licenses expired more than 90 days but less than 2 yrs. can still be renewed – contact our office to determine exact fees.

IF NOT RENEWING: Return this completed form (FIN163, Form PF1C) along with your original License. (NOTE: If you have open loans, you must keep your license current AND the company must still file an Annual Operations Report due April 1 for business in the previous year.)

Answer all of the following questions:

- 1. Do you wish to renew your Premium Finance License? Yes No
2. Are you currently making premium loans? Yes No
3. Do you have any open loans? Yes No
4. Do you understand that whether you renew or non-renew your license, you are still responsible for filing an Annual Operations Report and Annual Assessment Fee, due April 1? Yes No
5. Do you consider yourself an independent Insurance Premium Finance Company? (If Yes, then skip question 6.) Yes No

6. Are you affiliated or have common ownership with any of the following?
- If Yes, check all the boxes that apply and explain below:**
- Insurance Agent Managing General Agent Bank, Savings & Loan and/or Credit Union
 Insurer Another Premium Finance Company Regulated Loan Company

Explain above selection(s): _____

7. Does the licensee at all times maintain net assets for use in the insurance premium Finance business at this location of not less than \$25,000? *(Net assets are defined as the total value of assets available for use in the business less liabilities.)*
8. Are the Premium Finance **books and records** at a location different from the physical address listed above?
- If yes, where?** _____
9. If the company has had any Officer or Director changes, include Form FIN164/PF2 and Form FIN166/PF4 with this renewal.
10. Report **changes** in company information below and if required, submit applicable forms, fees and documentation *(see website shown below for forms, fees and instructions):*

NEW Company Name:		
NEW Doing Business As Name (DBA):		
NEW FEIN:		
NEW Mailing Address:		
NEW Physical Address:		
NEW Primary Contact Person:		NEW Website:
NEW Office Phone:	NEW Fax Phone:	NEW Toll Free:
*NEW Primary Contact Person's Email:		

***Note:** An email address of a member of the public that is provided for the purpose of communicating electronically with a governmental body is confidential and not subject to disclosure. Tex. Gov't Code §552.137(a). However, a member of the public's email address may be released if the member of the public affirmatively consents to disclosure of the email address. Tex. Gov't Code §552.137(b).

I consent to public disclosure of this email address

I hereby certify that the correct name, physical location and ownership of the licensee is on file with the Texas Department of Insurance and the answers given herein are true and correct.

 (Officer Signature)

 (Date)

 (Printed Name)

 (Title)

(Note: Only Officers/Individuals who have a biographical on file with TDI may sign this form.)