



# TEXAS DEPARTMENT OF INSURANCE

**Financial Regulation Division - Company Licensing and Registration (103-CL)**  
333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104  
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

## Submission for Reinsurance Accreditation (Form R-1)

Pursuant to Chapter 492 and 493, Texas Insurance Code

1. \_\_\_\_\_  
Full Name of Insurance Company (initials or abbreviations are not accepted)
  
2. Principal Place of Business:
  - A. Street Address \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  - B. Mailing Address \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
3. Contact Person (Name and Title) \_\_\_\_\_
  - A. Phone Number \_\_\_\_\_
  - B. Email \_\_\_\_\_
  
4. State of Domicile \_\_\_\_\_ (Attach a Certified Copy of the Certificate of Authority or Letter of Compliance.)
  
5. NAIC Number \_\_\_\_\_ Federal Tax ID \_\_\_\_\_ ISI Number \_\_\_\_\_
  
6. States where business is currently transacted \_\_\_\_\_  
\_\_\_\_\_
  
7. Lines and classifications of insurance business \_\_\_\_\_  
\_\_\_\_\_
  
8. Attach a complete list of beneficial owners to include complete name, address and explanation of the relationship among the owners.
  
9. Name and address of management firm (if applicable) \_\_\_\_\_  
\_\_\_\_\_

**Affirmation and Execution**

I certify that all statements and information in this submission are true and correct and that I have the authority to execute and file this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed name and title

The State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, \_\_\_\_\_ notary  
*(name of notary)*

public in and for the State of \_\_\_\_\_, on this day personally appeared

\_\_\_\_\_ known to me (or proved to me) on the oath of  
*(name and position of the officer)*

\_\_\_\_\_, or through

\_\_\_\_\_ to be the person  
*(description of identity card or other document)*

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 \_\_\_\_\_, 20 \_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Notary Signature

Return to: Texas Department of Insurance  
Company Licensing and Registration Office, MC 103-CL  
333 Guadalupe Street, Austin, TX 78701 (or)  
PO Box 149104  
Austin, TX 78714-9104  
[RegistrationTeam@tdi.texas.gov](mailto:RegistrationTeam@tdi.texas.gov)