



APPLICATION FOR A CERTIFICATE OF AUTHORITY
to do business as an Administrator under the Insurance Code Chapter 4151

Name of Applicant: \_\_\_\_\_

DBA: \_\_\_\_\_

City/State of Domicile : \_\_\_\_\_ (city) \_\_\_\_\_ (state)

hereby makes application for a Certificate of Authority as an Administrator authorized to do business in Texas, as defined in the Texas Insurance Code (TIC) §4151.001. The business includes the administration of:

- Life, Accident, or Health Benefits or Annuities
Pharmacy Benefits
Workers' Compensation

Applicant's organizational structure:

- Corporation
General Partnership
Sole Proprietorship
Limited Liab Corp
Trust
Other (please list): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FEIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_ (located at mailing address above)

Telephone No: \_\_\_\_\_

Toll Free No: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Website: \_\_\_\_\_

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 e-mail address may be released if the member of the public affirmatively consents to disclosure of the e-mail address. TEX. GOV'T CODE §552.137(b)

I consent to public disclosure of this email address.

In compliance with TIC §4151.052 and 28 Texas Administrative Code (TAC) §7.1604, please submit items A - O, along with a non-refundable application fee of **\$1,000.00**.

- A. Articles of Incorporation/Organization and all amendments currently (within the last 6 mo) certified by Secretary of State in the applicant's state of domicile.
- B. Copy of applicant's registration with the Texas Secretary of State (if applicable, not required of general partnership or sole proprietor).
- C. By-laws or Operating Agreement currently certified by corporate Secretary as true and correct as of the date signed. (Not required of General Partnership or Sole Proprietor).
- D. General Partnership Agreement (If applicable).
- E. Financial information as required by TIC §4151.052(a)(4).
- F. A certification of franchise tax account status from the Texas Comptroller's Office, if a corporation or applicable partnership.
- G. Copy of Fidelity Bond showing proof of employee dishonesty coverage as required by TIC §4151.055 and 28 TAC §7.1608 or 28 TAC §5.6403(g).
- H. Officers and Directors Page for Administrators (FIN306).
- I. Administrator Biographical Affidavit (LHL081) and receipt for electronic fingerprints or fingerprint card for each Executive Officer or other comparable responsible person (example: Officer, Director, Partner, Sole Proprietor, or Owner).
- J. Narrative describing type of business, facilities, personnel, experience, and list of states where applicant is currently doing business as an administrator.
- K. Ownership information (identify any owner with 10% or more interest).
- L. List of Affiliates.
- M. Service of Process for Administrators, (LHL082). Required for foreign or alien applicants.
- N. List all licenses, authorizations, or certificates of authority held by the applicant.
- O. List any administrative action, order, or judgment issued against the applicant.

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Does the applicant currently do business as an administrator in Texas?  YES  NO

If yes, please attach written explanation.

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I hereby certify that I have personally and completely answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief and that I have attached to this application all information requested. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules promulgated by the Texas Department of Insurance which relate to the issuance of the certificate of authority for which the applicant is applying and the grounds under which such certificate of authority may be denied, suspended, or revoked.

I further acknowledge that the applicant has the duty to update the information contained on this application and that failure to do so may result in disciplinary action.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Executive Officer or other comparable responsible person  
(Officer, Director, Partner, Sole Proprietor or Shareholder)