

Texas Department of Insurance

Accounting, MC AO-FS P.O.Box 12030, Austin, Texas 78711-2030 512 676-6170 • www.tdi.texas.gov

## **Texas Overhead Assessment Exemption Form**

For the Calendar Year ending December 31,

## To be filed by: 1) Texas domestic insurance companies that have qualified pension plan contracts, or 2) foreign insurance companies that have qualified pension plan contracts and the Texas Department of Insurance initiated an examination in the filing year. OTHERWISE, DO NOT FILE THIS FORM

Exemption § 401.151(d)(1)(A) of the Texas Insurance Code allows for a partial exemption from the Texas examination overhead assessment for admitted assets and annual premium receipts that are attributable to qualified pension plan contracts as defined in Section 818(a) of the Internal Revenue Code of 1986 (26 U.S.C. Sec. 818(a)). To claim the exemption, domestic insurance companies and applicable foreign insurance companies must provide information for their qualified pension plan contracts by completing the exemption form below.

## **Qualified Pension Plan Contracts**

Admitted Assets*	Premium and Contract Considerations*			
* not to exceed qualifying reserv	es			
Company Name				
Address				
City				Code
Contact Person			Phone Number	
FEI Number	NAIC N	umber		
Affidavit (Must be signed by tw	o principal officers	s of the Company)		
Signature			Title	
Signature			Title	
The State of		§		
County of		§		
Before me,	, a nota	ary public in and for the	State of	,
on this day personally appeared	Drivet a la serve a set et s			, known to me
	Printed names of of si	gning individuals		or through
[or proved to me on the oath of Printed name of witness known to notary public				]
Description of identity card or other doc	ument			
to be the person whose name is the purposes and consideration			and acknowledged to me th	nat (s)he executed the same for
Given under my hand and seal of	of office this	day of		, A.D.,
		Notary Public		
		In and for (County a	and State)	