



Texas Department of Insurance  
**Financial Regulation Division - Financial Analysis Section, MC 303-1A**  
 333 Guadalupe • P.O. Box 149104, Austin, Texas 78714-9104  
 512-322-5002 telephone • 512-322-5082 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## Texas Policyholder Dividend Disbursement Notification/Application

**NOTE:** Submit **all** pages if payments are greater than 10% of PHS.  
 Submit **only page 1**, if payments are not greater than 10% of PHS.

**Please complete the following:**

NAME OF COMPANY	DATE
CONTACT PERSON	PHONE#
	FAX#
ADDRESS	EMAIL ADDRESS
CITY	STATE
	ZIP

**(A)** Policyholders' Surplus (PHS), December 31, \_\_\_\_\_: \$ \_\_\_\_\_  
*(of the most recent annual statement)*

	<b>(B)</b> Amount of requested Policyholder Dividend for TX	% of PHS*
<input type="checkbox"/> Automobile Insurance	\$ _____	_____ %
Casualty Insurance		
<input type="checkbox"/> Employers' Liability	\$ _____	_____ %
<input type="checkbox"/> Boiler and Machinery	\$ _____	_____ %
<input type="checkbox"/> Burglary and Theft	\$ _____	_____ %
<input type="checkbox"/> Plate Glass	\$ _____	_____ %
<input type="checkbox"/> General Liability	\$ _____	_____ %
<input type="checkbox"/> Fidelity	\$ _____	_____ %
<input type="checkbox"/> Surety and Guaranty Bonds	\$ _____	_____ %
<input type="checkbox"/> Miscellaneous Lines	\$ _____	_____ %
<input type="checkbox"/> Workers' Compensation	\$ _____	_____ %

Total policyholders' dividends proposed to be disbursed in **all states**: \$ \_\_\_\_\_

**\* Texas policyholder dividend as a percentage of PHS for each line of business (B divided by A \* 100).  
 Refer to Note under heading for submission instructions.**

Email your notification or signed and notarized application to: [FAFilings@tdi.texas.gov](mailto:FAFilings@tdi.texas.gov)  
 Or mail to: Texas Department of Insurance  
 Attn: John Gage MC 303-1A  
 Financial Analysis Office  
 P.O. Box 149104  
 Austin, TX 78714-9104

## Texas Policyholder Dividend Disbursement Application

Application is hereby made to the Commissioner of Insurance by the undersigned officers of the above named insurance carrier for authority to pay dividends to their Texas policyholders in accordance with the information set out and sworn to herein under the provisions of the *Texas Insurance Code*, Chapters 1806 and 2052 and other applicable statutes.

The following information was taken from the company's latest annual statement and covers the period ending

December 31, \_\_\_\_\_

**Admitted Assets:** \$ \_\_\_\_\_

**Total Liabilities:** \$ \_\_\_\_\_

**Surplus as Regards Policyholders:**

Aggregate write-ins for special surplus funds: \$ \_\_\_\_\_

Common capital stock: \$ \_\_\_\_\_

Preferred capital stock: \$ \_\_\_\_\_

Aggregate write-ins for other than special surplus funds: \$ \_\_\_\_\_

Surplus notes: \$ \_\_\_\_\_

Gross paid in and contributed surplus: \$ \_\_\_\_\_

Unassigned funds (surplus): \$ \_\_\_\_\_

Less treasury stock, at cost: \$ \_\_\_\_\_

Shares common (value included in line 30)

Shares preferred (value included in line 31)

**Total Surplus as Regards Policyholders:** \$ \_\_\_\_\_

Gain  Loss from Underwriting: \$ \_\_\_\_\_

Gain  Loss from Investments: \$ \_\_\_\_\_

Gain  Loss Other Income: \$ \_\_\_\_\_

Dividends to Policyholders: \$ \_\_\_\_\_

Net Income  Net Loss, Before Taxes: \$ \_\_\_\_\_

Federal Taxes Incurred: \$ \_\_\_\_\_

Net Income  Net Loss, After Taxes: \$ \_\_\_\_\_

NAME OF COMPANY

CONTACT PERSON

PHONE#

**Affidavit Supporting Application for Authority to Pay Policyholder Dividends to Policyholders**

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

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

Before me, the undersigned authority, this day personally appeared:

\_\_\_\_\_,  
TITLE

of the said carrier, being duly sworn each for himself/herself deposes and says that he/she is the above-described officer of said carrier, and to the best of his/her knowledge and belief affiant deposes and says that the foregoing attached "Texas Policyholder Dividend Disbursement Application" contains true and correct information as disclosed by the books and records of said insurance carrier; that all reserves have been set up in accordance with laws applicable, and the rules of the Commissioner of Insurance and the Texas Department of Insurance of the State of Texas and the rules of the proper supervisory authorities of all states in which said carrier is authorized to transact an insurance business; that reference is hereby made to the Annual Statement made to and approved by the Texas Department of Insurance as of December 31, 20\_\_\_\_, and that the financial condition of said carrier is such that said carrier can pay the policyholder dividends applied for in the attached "Texas Policyholder Dividend Disbursement Notification/Application" and that such carrier, after paying the dividends applied for herein, will be possessed of admitted assets in excess of all liabilities including capital stock or guaranty fund.

SIGNATURE

PRINTED NAME

DATE

ADDRESS

EMAIL ADDRESS

CITY

STATE

ZIP

**Subscribed and sworn to before me by** \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

\_\_\_\_\_  
COUNTY

My commission expires: \_\_\_\_\_