Company Licensing fee transmittal form

Instructions

Use this form to send payment to TDI. Email the transaction filing documents with a copy of the check and a copy of this completed form to the Company Licensing and Registration Office at <u>CLRFilings@tdi.texas.gov</u>. For certificates, email the form to <u>CLRReguests@tdi.texas.gov</u>. For certificates of deposit, email the form to <u>SDFilings@tdi.texas.gov</u>. For questions call 512-676-6365.

Mail this form and payment to:

Payment information

Texas Department of Insurance Attn: Company Licensing and Registration MC-9999 PO Box 12030 Austin, TX 78711-2030

TDI Texas Department of Insurance

Deliver this form and payment to: Texas Department of Insurance Cashier's Office 1601 Congress Ave, 6th Fl Austin, TX 78701

Check amount \$_____

Property/Casualty/Title/Surplus Lines (code 334)

Filing information

Select license type for filings in column on the left below:

Name of payer: _____

Check number: _____

Life/Accident/Health (code 258)

Indicate the filings to be submitted:

Filing type	Filing fee	X	Filing type	Filing	Code	X
Admission	\$0		Captive application for certificate of authority	\$1,500	116	
Attorney in fact change	\$0		MEWA application for certificate of authority	\$5,000	330	
Attorney for service	\$0		MEWA final certificate of authority	\$1,500	330	
COA amendment only	\$0		CCRC application for certificate of authority	\$10,000	122	
Charter amendment	\$0		HMO application for certificate of authority	\$0		
Dissolution	\$0		HMO service area expansion or reduction	Varies	527	
Incorporation	\$0		HMO biographical affidavit filing	\$50	527	
Merger	\$0		HMO other / miscellaneous	Varies	526	
Name reservation	\$0		PEO application for approval	\$5,050	91	
Name reservation renewal	\$0		Health care collaborative application	Varies	537	
Reinsurance agreement (total)	\$0		Advisory organization license	\$100	125	
Reinsurance agreement (partial)	\$0		Premium finance assessments	\$250	1545	
Redomestication and/or restatement	\$0		Premium finance fees	Varies	540	
Underwriter substitution	\$0		TPA fees	Varies	460	
Certificate of compliance	\$11		Certified copy of TPA certificate of authority	\$11	453	
Certified certificate of authority	\$11		Statutory deposit	\$0		
			Certificate of deposit	\$0		
			Deposit substitution/withdrawal/amendment	\$0		
			Other	Explain	31	

Explanation, certificate delivery email and additional information on filing:

Company information

NAIC number(s):
eZIP
Email address:
Fax number:

FIN321 | 0721

HMO (code 526)

For accounting only: Division code 50561