



TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Company Licensing and Registration (103-CL)

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WITHDRAWAL

REPORT NO. _____

SHEET NO. _____

NAME OF _____ ADDRESS _____

COMPANY _____

CUSTODIAN OR STATE COMPTROLLER _____

SECURITIES WITHDRAWN IN ACCORDANCE WITH ARTICLE _____ OF THE TEXAS INSURANCE CODE.

IDENTIFICATION NUMBER	DESCRIPTION OF SECURITIES	AMOUNT WITHDRAWN	REASON FOR WITHDRAWAL
PLEASE TYPE OR USE INK			

ABOVE WITHDRAWALS
AUTHORIZED BY _____

TO THE CUSTODIAN OR STATE COMPTROLLER:

YOU ARE HEREBY AUTHORIZED TO ALLOW THE ABOVE WITHDRAWALS INDICATING YOUR APPROVAL BY RETURNING EXECUTED COPY OF THIS REPORT TO THE COMMISSIONER OF INSURANCE.

DATED _____

BY _____
FOR THE COMMISSIONER OF INSURANCE

TOTAL WITHDRAWALS THIS PAGE

PREVIOUS BALANCE

BALANCE

APPROVED AND WITHDRAWN

BY _____
STATE COMPTROLLER OR CUSTODIAN