



# TEXAS DEPARTMENT OF INSURANCE

FIN486 | 0518

**Financial Regulation Division - Company Licensing and Registration (103-CL)**  
333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104  
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

License Number:

\_\_\_\_\_  
(ADMINISTRATOR CONTACT PERSON)

\_\_\_\_\_  
(ADMINISTRATOR NAME)

\_\_\_\_\_  
(ADMINISTRATOR DBA NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE & ZIP)

Report Year:

## Annual Report Form for Administrators Holding a Certificate of Authority under TIC Chapter 4151

- 1 Complete and submit an Annual Report Form for Administrators FIN486 no later than June 30. Mail to: **Texas Department of Insurance, Mail Code 9999, P O BOX 149104, Austin, TX 78714-9104**, with the \$200.00 Annual Report filing fee.
- 2 Download, complete and submit Annual Report Exhibits A–E, Form FIN488.
- 3 Enclose a copy of current Financial Statement (Include FIN490 if applicable).
- 4 Summary of business administered in TEXAS during preceding year.
  - a \_\_\_\_\_ Number of Fully Insured Plans (as indicated on Form FIN488, Exhibit A).
  - b \_\_\_\_\_ Number of Self-Funded Political Subdivision Plans (Form FIN488, Exhibit B).
  - c \_\_\_\_\_ Number of Other plans (subject to state regulation) (Form FIN488, Exhibit C).
  - d \_\_\_\_\_ Number of Cafeteria (Section 125) Plans (Form FIN488, Exhibit D).
  - e \_\_\_\_\_ Total number of lives from Form FIN 488, Exhibits A - D.
  - f \_\_\_\_\_ Number of Workers’ Compensation Carriers (FIN488, Exhibit E).
  - g \_\_\_\_\_ Total number of claims from Form FIN488, Exhibit E.

I hereby certify that all information submitted is true and correct to the best of my knowledge. I further certify that all of the information required for the issuance of a Certificate of Authority to do business as an Administrator under TIC Chapter 4151 continues to be true and correct.

\_\_\_\_\_  
DATE (Executive Officer, Director, Partner, Sole proprietor or Shareholder)

**5 Please notify us of changes in the following:**

LICENSE NO:
NAME OF ADMINISTRATOR:
DBA:
MAILING ADDRESS:
CITY, ST, ZIP:
PHYSICAL ADDRESS:
CITY, ST, ZIP:
CITY/STATE OF DOMICILE:
FEIN:
CONTACT PERSON: (should be located at the mailing address)
TELEPHONE NUMBER:
TOLL FREE NUMBER:
FAX NUMBER:
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. <i>TEX. GOV'T CODE §552.137(a)</i> . 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. <i>TEX. GOV'T CODE §552.137(b)</i> )
<input type="checkbox"/> I consent to public disclosure of this email address.