



TEXAS DEPARTMENT OF INSURANCE

FIN487 | 1116

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

TDI Company Number:

(CONTACT PERSON)

(INSURER/HMO NAME)

(DBA NAME USED FOR ADMINISTRATION)

(ADDRESS)

(ADDRESS)

(CITY, STATE & ZIP)

Report Year:

Annual Report for Insurers and HMOs Subject to 28 TAC §7.1605

- 1 Complete and submit an Annual Report for Insurers and HMOs Form FIN487 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 Fee.
- 2 Download, complete and submit Annual Report Exhibits A–E, Form FIN488.
- 3 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 (FIN488, Exhibit D).
 - e _____ Total number of lives from Form FIN488, Exhibits A - D.
 - f _____ Number of Workers’ Compensation Carriers (FIN488, Exhibit E).
 - g _____ Total number of claims from Form FIN488, Exhibit E.
- 4 Provide updates to narrative describing facilities, personnel and experience relating only to functions as an administrator and a list of other states in which performing administrator activities.
- 5 Provide a photo copy of the completed Texas Annual Insurance Maintenance, Assessment and Retaliatory Report.

I hereby certify that all of the information is true and correct to the best of my knowledge.

DATE Executive Officer or other comparable responsible person

6 Please notify us of changes in the following:

CO NO:
NAME OF INSURER/HMO ACTING AS AN ADMINISTRATOR:
DBA (used for Administration business):
MAILING ADDRESS:
CITY, ST, ZIP:
PHYSICAL ADDRESS:
CITY, ST, ZIP:
FEIN:
CONTACT PERSON: (should be located at the mailing address)
TELEPHONE NO:
800 NO:
FAX NO:
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. *TEX. GOV'T CODE §552.137(a)*. 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. *TEX. GOV'T CODE §552.137(b)*)

I consent to public disclosure of this email address.