

Company Name:

Date:

## **Texas Department of Insurance**

Financial, Company Licensing & Registration, Mail Code 305-2C 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104 512-322-3507 telephone • 512-322-3550 fax • www.tdi.state.tx.us

Fill in the bl	anks to reflect the amo	unt presently in the
	ent balance sheet:	and prosently in the
Authorized	Number of shares	Par value
Common		
Stock		
Preferred		
Stock		

	A	В	A x B	Consideration received for stock	
Issued	Number of shares	Par value	Dollar amount	Allocated to capital stock	Allocated to gross paid in
Common					
Stock					
Preferred					
Stock					

Fill in the blanks to reflect the anticipated effect of the proposed amendment of the Articles of Incorporation:

Authorize	d Number of shares	Par value
Common		
Stock		
Preferred		
Stock		

	A	В	AxB	Consideration received for stock	
Issued	Number of shares	Par value	Dollar amount	Allocated to capital stock	Allocated to gross paid in
Common Stock					
Preferred Stock					

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Company Name: Date:
Please provide the appropriate accounting transaction (show all debits/credits) relative to this increase/reduction in capital:
CFO/Comptroller/Treasurer signature

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