

Date

Specialist's name

Company Licensing and Registration MC305-2C
Texas Department of Insurance
PO Box 149104
Austin, TX 78714-9104

Re: *type of transaction*

Dear *Specialist's name*

Company name or applicant name hereby consents to the entry of the attached Commissioner's Order, and agrees to the informal disposition of this matter pursuant to the provisions of TEX. INS. CODE ANN. § 36.104, TEX. GOV'T. CODE ANN. § 2001.056 and 28 TEX. ADMIN. CODE § 1.47. Moreover, *company name or applicant* knowingly and voluntarily waives all procedural requirements for the entry of this order, including, but not limited to, notice of hearing, a public hearing, a proposal for decision, rehearing by the Commissioner, and judicial review of this order as provided for in TEX. INS.CODE ANN. § § 36.201-36.205 and TEX. GOV'T. CODE ANN. § § 2001.051 and 2001.052.

By the signature below, the undersigned represents that he/she has the authority to execute this agreement and consent on behalf of the insurance company.

COMPANY NAME OR APPLICANT

Dated: _____

By: _____

(Type Name)

(Title)