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

DEPOSIT
REPORT NO._____

SHEET NO._____

NAME OF _____ ADDRESS _____

COMPANY _____ _____

CUSTODIAN OR STATE COMPTROLLER _____ _____

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

PLEASE TYPE OR USE INK

IDENTIFICATION NUMBER	DESCRIPTION OF SECURITIES	AMOUNT DEPOSITED	DO NOT WRITE IN SPACES BELOW FOR COMMISIONER OF INSURANCE USE		
			DATE	WITHDRAWALS	BALANCE

ABOVE DEPOSITS
AUTHORIZED BY _____
FOR THE COMPANY

	TOTAL DEPOSITS THIS PAGE
	PREVIOUS BALANCE
	BALANCE

TO THE CUSTODIAN OR STATE COMPTROLLER:

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

APPROVED AND DEPOSITED

_____

DATED_____

BY_____
FOR THE COMMISSIONER OF INSURANCE

BY_____
STATE COMPTROLLER OR CUSTODIAN

Form 120