



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

WITHDRAWAL
 REPORT NO. _____

SHEET NO. _____

NAME OF _____ ADDRESS _____
 COMPANY _____
 CUSTODIAN OR STATE COMPTROLLER _____

SECURITIES WITHDRAWN IN ACCORDANCE WITH ARTICLE _____ OF THE TEXAS INSURANCE CODE.

PLEASE TYPE OR USE INK

IDENTIFICATION NUMBER	DESCRIPTION OF SECURITIES	AMOUNT WITHDRAWN	REASON FOR WITHDRAWAL

ABOVE WITHDRAWALS
 AUTHORIZED BY _____
ATTORNEY-IN-FACT

TO THE CUSTODIAN OR STATE COMPTROLLER:

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

DATED _____

BY _____
FOR THE COMMISSIONER OF INSURANCE

	TOTAL WITHDRAWALS THIS PAGE
	PREVIOUS BALANCE
	BALANCE

APPROVED AND WITHDRAWN

BY _____
STATE COMPTROLLER OR CUSTODIAN

Form 121