



Texas Department of Insurance

TPA/Premium Finance Section Mail Code 107-TPA/PF

P. O. Box 149104, Austin, Texas 78714-9104

512-322-3412 or 512-322-3555 telephones • 512-322-4380 fax • www.tdi.state.tx.us

ASSUMED NAME CERTIFICATE (TPA FORM 1A)

State of _____)
County of _____)

KNOW ALL MEN BY THESE PRESENT:

That _____, is the true name (as shown in articles of incorporation) of the (*corporation, partnership, or sole proprietorship) conducting a business in the State of Texas, under the assumed name of:

conducting said business at the address as follows:

This certificate is made in compliance with the provisions of the 71st Legislature, requiring said certificate to be made by those persons conducting a business as a Third Party Administrator.

(DATE)

(Authorized Officer, Partner or Sole Proprietor)

ACKNOWLEDGEMENT

State of _____

County of _____

Subscribed and sworn to before me, by the said _____
(Name and Title)

_____, this _____ day of _____, 20__ to certify which

witness my hand and seal of office.

Notary Public (Signature)

Printed or Stamped Name

My Commission expires _____, 20_____.