

## **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

## LIST OF PRINCIPALS - PREMIUM FINANCE APPLICANT (FORM PF2) Name of Applicant: Partnership\* Type of entity: Sole Proprietorship Corporation Limited General Identify OWNERS (i.e. ownership in a corporation is defined as having 10% or more stock in a corporation), OFFICERS and DIRECTORS. (Use separate sheet if necessary). Name Title(s) % of ownership Name of Manager: (person to be in charge of licensed place of business) The undersigned hereby executes this form and upon oath states that all statements in it are true, correct and complete and are made for the purpose of securing the license indicated herein. (Signature of Authorized Officer, Partner or Sole Proprietor\*) (Date) 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. (SEAL) Notary Public (Signature) Printed or Stamped Name

State of

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