



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

SUPPLEMENTAL APPLICATION - PREMIUM FINANCE (FORM PF1A)

SECTION I - DEMOGRAPHIC INFORMATION

1. Applicant Name (indicate name of sole proprietor, partners or corporation): _____

2. Name under which applicant operates or will operate if other than above (assumed name certificate must be filed): _____
3. This application is for:

<input type="checkbox"/> Additional Location	<input type="checkbox"/> Relocation	<input type="checkbox"/> Name Change*
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Name/Ownership Change*	

*Name of current licensee: _____
4. Address at which applicant will operate and maintain records of Texas business:
 - a. Street _____
 - b. City _____ State _____ Zip _____
 - c. Mailing Address _____
 - d. City _____ State _____ Zip _____
5. Telephone number (physical location) _____

SECTION II - ADDITIONAL REQUIREMENTS

ADDITIONAL REQUIREMENTS, AS INDICATED ON THE ENCLOSED CORRESPONDING SCHEDULE, ARE SUBMITTED AS REQUIRED:

- | | |
|--|-----------------------|
| LHL261 - SCHEDULE A | ADDITIONAL LOCATION |
| LHL262- SCHEDULE B | RELOCATION |
| LHL263- SCHEDULE C | NAME CHANGE |
| LHL264 - SCHEDULE D | CHANGE OF OWNERSHIP |
| LHL263 & LHL264 - SCHEDULES C & D | NAME/OWNERSHIP CHANGE |

SECTION III - CERTIFICATION

I hereby execute this form and upon oath affirm that all statements in it and in all supporting schedules, documents and exhibits are true, correct and are made for the purpose of securing the license indicated herein. Additionally, I hereby certify that all business forms will conform to the requirements of Chapter 24 of the Insurance Code and this subchapter.

(Date)

(Signature of Authorized Officer, Partner
or Sole Proprietor*) (*circle one)

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

_____ County,

State of _____

My Commission Expires _____

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**FILINGS REQUIRED FOR PREMIUM FINANCE APPLICATION FOR
ADDITIONAL LOCATION (SCHEDULE A)**

THE FOLLOWING DOCUMENTS ARE SUBMITTED AS REQUIRED (INDICATE BY CIRCLING LETTER):

- A. Supplement application for an insurance premium finance company license (**LHL108** Form PF1A).
- B. List of principals (**LHL107** Form PF2).
- C. Premium Finance application questionnaire (**LHL110** Form PF3).
- D. Biographical affidavit (**LHL102** Form PF4) for manager.
- E. Appointment of statutory agent and consent to service (**LHL106** Form PF6).
- F. Financial Statement.
- G. Current franchise tax certificate of good standing <http://ecpa.cpa.state.tx.us/coa/Index.html> or letter of exemption issued by the Texas Comptroller of Public Accounts (**CORPORATIONS ONLY**).
- H. \$200.00 License fee (if issued before July 1st) OR \$100.00 license fee (if issued on or after July 1st).



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**FILINGS REQUIRED FOR PREMIUM FINANCE APPLICATION FOR RELOCATION
(SCHEDULE B)**

A 30 day notice of intent to relocate must be mailed to the Texas Department of Insurance with the following:

- A.** Supplemental application for an insurance premium finance company license (**LHL108 Form PF1A**).
- B.** List of Principals (**LHL107 Form PF2**).
- C.** Appointment of Statutory Agent and Consent to Service (**LHL106 Form PF6**).
- D.** Current premium finance company license.
- E.** \$20.00 processing fee.
- F.** Current Franchise Tax Certificate of Good Standing <http://ecpa.cpa.state.tx.us/coa/Index.html> or letter of exemption issued by the Texas Comptroller of Public Accounts (**corporations only**).
- G.** Copy of printed letter to be sent to the insureds in accordance with Article 24.04 of the Texas Insurance Code and 28 TAC §25.107. Please be reminded that the notice letter must be mailed at least 15 days prior to the date of relocation and must include the following information:

Name of your premium finance company
Both the old and new addresses
Telephone number at the new location
Date the relocation is effective
Mail address



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**FILINGS REQUIRED FOR PREMIUM FINANCE APPLICATION FOR NAME CHANGE
(SCHEDULE C)**

THE FOLLOWING DOCUMENTS ARE SUBMITTED AS REQUIRED (INDICATE BY CIRCLING LETTER):

- A. Supplemental application for an insurance premium finance company license (**LHL108** Form PF1A).
- B. List of Principals (**LHL107** Form PF2)
- C. Current premium finance company license.
- D. \$20.00 processing fee.
- E. Amended Appointment of Statutory Agent and Consent to Service (**LHL106** Form PF6).
- F. A copy of the notice to be mailed to all insureds notifying of the change of name. This notice must be approved by the Texas Department of Insurance prior to mailing and must include the old name, proposed new name, effective date, physical address, mail address and phone number.
- G. Current Franchise Tax Certificate of Good Standing <http://ecpa.cpa.state.tx.us/coa/Index.html> or letter of exemption issued by the Texas Comptroller of Public Accounts (**corporations only**).
- H. A copy of the amendment to the Articles of Incorporation or Organization complete with original certification from the office of the Secretary of State or the equivalent office in other states (**corporations only**).
- I. A certified copy of amendment to the By-Laws (**corporations only**).
- J. A certified copy of the resolution minutes authorizing the name change (**corporations only**).
- K. Certified Copy of amended Assumed Name Certificate as on file with County Clerk(s) and/or Secretary of State (**sole proprietorship and partnership must file, corporation must file only if using a name other than their corporate name**).
- L. A certified copy of the amendment to the Partnership Agreement authorizing the name change (**partnership only**).



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FILINGS REQUIRED FOR PREMIUM FINANCE APPLICATION FOR CHANGE OF OWNERSHIP (SCHEDULE D)

When there is a change in ownership of an insurance premium finance company, the new owner shall submit the following (NOTE: OWNERSHIP IN A CORPORATION IS DEFINED AS HAVING 10% OR MORE STOCK IN A CORPORATION):

- A. Supplemental application for an insurance premium finance company license (**LHL108** Form PF1A).
- B. List of Principals (**LHL107** Form PF2).
- C. Premium Finance Application Questionnaire (**LHL110** Form PF3).
- D. Biographical Affidavit (**LHL102** Form PF4) on all **NEW** individuals named on **LHL107** Form PF2.
- E. List of Other States of Licensure (**LHL104** Form PF5).
- F. Appointment of Statutory Agent and Consent to Service (**LHL106** Form PF6).
- G. Financial statement.
- H. \$200.00 investigation fee.
- I. A copy of the contract of sale establishing refund and fee liability.
- J. A copy of the resolution minutes authorizing the change of ownership (**corporations**)
- K. Current Franchise Tax Certificate of Good Standing <http://ecpa.cpa.state.tx.us/coa/Index.html> or letter of exemption issued by the Texas Comptroller of Public Accounts (**corporations only**).
- L. Partnership Agreement (**partnership only**).
- M. Certified copy of amended assumed name certificate as on file with County Clerk (**sole proprietorship/partnership only**).

If the change in ownership of an insurance premium finance company **results in no new owners**, the following requirements may be omitted:

- C. Premium Finance Application Questionnaire (**LHL110** Form PF3).
- D. Biographical Affidavit (**LHL102** Form PF4) on all **NEW** individuals named on **LHL107** Form PF2.
- H. \$200.00 investigation fee.