

## **Texas Department of Insurance**

Financial, Financial Analysis & Examinations, Mail Code 303-1A 333 Guadalupe St. • Austin, Texas 78701 512-322-5002 telephone • 512-322-5082 fax • www.tdi.state.tx.us

## Affidavit for Exemption from Filing 2006 CPA Report (To be filed on or before June 30, 2007)

information below must be provided:	
NAIC NO:	NAIC GROUP NO:
CONTACT NAME:	
COMPANY NAME:	
ADDRESS:	
CITY STATE ZIP:	
PHONE:	
Email:	
STATE OF	
COUNTY OF	
	, being first duly sworn upon his/he
oath deposes and says:	
That he/she is an authorized officer of the com	npany named below; that the company qualifies for an exemption
under Article 1.15A §4(a) of the Texas Insur	rance Code by reporting total direct premiums written in Texas
in 2006 of \$	(must be under \$1 Million in Texas); and total reinsurance
premiums assumed in 2006 of \$	(must be under \$1 Million) and that the statements
contained herein are true and correct to the bes	st of his/her knowledge and belief.
NAME OFFICER (Type or Print)	TITLE OF OFFICER
SIGNATURE OF OFFICER	
Subscribed and sworn to before me this	, day of
SIGNATURE	
PRINT NAME	, Notary Public
in and for the State of	
My commission expires	

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