

Transactions Cash Receipts Transmittal Form to TDI Cashier's Office

For: Financial Analysis Division

Division Code: 541 Mail Code: 303-1A

Mail checks with this form to: Texas Department of Insurance Attention: Cashier P.O. Box 149104 Austin, Texas 78714-9104	Physical Delivery of checks with this form to: Texas Department of Insurance Tower I, 8th Floor Cashier's Window 333 Guadalupe Austin, Texas 78701
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Date: _____

Assigned Analyst (if known) _____

TDI Cashier Cash Receipt: _____ (internal use only)

Name of Insurer _____ NAIC # _____
 Name of Payor (if different): _____
 Company Contact Person . . . _____ Phone # _____
 Check # _____
 Amount of check \$ _____

Type of Transaction/form	CRE# Internal Code	Ck applicable box	Fee	Amount	
Form A	HMO-All	<input type="checkbox"/>	\$500+		
	Life - Domestic	<input type="checkbox"/>	\$500+		
	Life - Foreign	<input type="checkbox"/>	\$500+		
	P&C Domestic	<input type="checkbox"/>	\$500+		
	P&C Foreign	<input type="checkbox"/>	\$500+		
					½ Fee*
Form B	HMO-All	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$75
	Life - Domestic	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$75
	Life - Foreign	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$75
	P&C Domestic	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$75
	P&C Foreign	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$75
Other Holding Co. Transactions:	HMO-All	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$125
	Life - Domestic	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$125
	Life - Foreign	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$125
	P&C Domestic	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$125
	P&C Foreign	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$125
Other HMO Filing Fees	Informational	<input type="checkbox"/>	\$50		
Approval to Move Books & Records (Sec. 803)	HMO- Domestic	<input type="checkbox"/>	\$150		
	Life - Domestic	<input type="checkbox"/>	\$150		
	P&C Domestic	<input type="checkbox"/>	\$150		

- ½ fee applies to insurers with gross premium receipts of less than \$450,000 based on preceding annual statement (Art 4.07H.)

Instructions:
 Use this form to transmit the fee relating to filing the type of transactions listed above. Send the related fee with this form, properly completed, to the Texas Department of Insurance Cashier's Office (address at top of page). A copy of the check and the completed form, should be sent with a cover letter with the transaction documents to the Financial Analysis Division.