



Texas Department of Insurance

Licensing/Applications, Mail Code 107-1A

333 Guadalupe • P. O. Box 12069, Austin, Texas 78711-2069
512-322-3503 telephone • 512-322-4209 fax • www.tdi.state.tx.us

TDI Use Only
Fee \$50.00

LDTL Registration of Assumed Name and/or Office Location or Official Name Change of Corporation or Partnership

The LDTL form must be used in accordance with the provisions of Section 19.902 of the Texas Administrative Code. Use the LDTL form to register all assumed names and/or office locations in which an insurance business will be conducted, or to change the official name of a currently licensed corporation or partnership that maintains a perpetuity clause in its partnership agreement. This form cannot be used for any other purpose. To report a mailing address or primary business address change, please submit the appropriate change of address notification as required in Section 19.906 of the Texas Administrative Code. Please be sure to complete all information required on this form. Incomplete forms will be returned unprocessed. This form must be typed or printed in ink. Fee is \$50.00. Please make your check or money order payable to the Texas Department of Insurance. All fees are nonrefundable except as authorized by the Texas Insurance Code.

1. AGENT/ENTITY TDI ID NUMBER _____

Enter your Texas Department of Insurance (TDI) ID number in the space provided. The TDI ID number is shown on your current license.

2. SOCIAL SECURITY/FEIN NUMBER _____

Social Security Number: Individuals enter your social security number in the space provided. Voluntary disclosure of your social security number will simplify and expedite processing of your application through the Department's computer data bank. It will be maintained as a part of your license file. (Refer to P.L. 93-579, Disclosure of Social Security Account Number.) Federal Employer Identification Number (FEI Number): Enter the corporation or partnership's FEI number in the space provided. This number is sometimes referred to as the Federal Tax ID Number.

3. NAME OF AGENT/AGENCY _____

Print your name as shown on your license in the space provided. Do not print your assumed name or new corporation or partnership name in this space.

4. EXACT ASSUMED NAME TO BE REGISTERED, OR EXACT AGENT/AGENCY NAME OF THE ADDITIONAL LOCATION TO BE REGISTERED, OR NEW NAME OF THE CORPORATION OR PARTNERSHIP

Assumed Name means any name other than a true name or present legal name. Enter the assumed name to be registered with the Texas Department of Insurance. The name must be entered exactly as it will be used in your insurance business. If you are seeking to register only an additional office location, the agent/agency name should be the same as shown on your license. You must attach a copy of an Assumed Name Certificate that has been filed with the County Clerk's office of the County in which the assumed name will be utilized if the assumed name:

- (A) in the case of an individual, a name that does not include the surname of the individual;*
- (B) in the case of a general partnership, a name that does not include the surname or other legal name of each general partner;*
- (C) in the case of an individual or general partnership, a name, including a surname, that suggests the existence of additional owners by including words such as "Company" "& Company", "& Sons", "& Associates", "Brothers" and the like, but not words that merely describe the business or professional service being conducted or rendered; and*
- (D) in the case of a corporation, any name other than the name stated in its Articles of Incorporation.*

A corporation may file a copy of assumed name certificate that has been filed with the Texas Secretary of State rather than the County Clerk. New Name of Corporation/Partnership means the new official name of a currently licensed corporation or partnership. Enter the exact new name of the corporation as shown on the amendment

to the Articles of Incorporation that has been filed with the Texas Secretary of State, or the official new partnership name as shown on the amendment to the partnership agreement.

5. EXACT PHYSICAL LOCATION OF BUSINESS NAMED IN ITEM #4. IF REGISTERING AN ADDITIONAL OFFICE LOCATION, ENTER THE ADDRESS OF ADDITIONAL OFFICE LOCATION. Street or Rural Route (No P. O. Box) _____

City _____, Texas Zip Code _____

Enter the physical location address of the additional office location you are registering. Only a street or rural route address will be accepted. If a post office box address is entered, the form will be returned unprocessed. If you are only registering an additional assumed name, or new name of corporation/partnership, then enter your agency's existing physical location address.

6. WILL YOU, THE LICENSED APPLICANT, HAVE A LICENSED PERSON HOLDING THE APPROPRIATE LICENSE TO OPERATE EACH AND EVERY OFFICE LOCATION YOUR ENTITY HAS REGISTERED? Yes No

There must be at least one licensed person holding the appropriate license at each office location. EXAMPLE 1 – An agent licensed as an individual could register an additional office location provided there was a schedule of when each office would be open to the public. (i.e. Office A, open 8:00 A.M. till 5:00 P.M. Monday, Wednesday, and Friday; Office B, open 8:00 A.M. till 5:00 P.M. Tuesday and Thursday) Otherwise, perhaps the individual agent could be licensed as a local recording agent and have a licensed solicitor appointed to operate the additional office location. EXAMPLE II – A partnership or corporation could register an additional office location provided there was a least one individually licensed partner, officer, director, shareholder or in the case of a licensed local recording agency, a licensed solicitor to operate each office location the partnership or corporation maintained.

7. HAVE YOU ATTACHED ALL REQUIRED DOCUMENTS? Yes No

The assumed name certificate mentioned in item #4 must be submitted with the LDTL form. Each corporate agency must include (1) a franchise tax "certificate of good standing" obtained from the State Comptroller of Public Accounts, and (2) adjustment on financial responsibility requirement by either an endorsement to its errors and omissions policy extending coverage to include the assumed name or changed name and/or additional office location or by providing a rider to the bond that reflects the corporation's new name.

A corporation or partnership changing its official name must attach its current license and a certified copy of the amendments to the Articles of Incorporation showing the new corporate name that was obtained from the Texas Secretary of State's office or a partnership must attach a copy of the official addendum to the partnership agreement that amends the name.

NOTE: The registration of an assumed name and/or office location will apply to all current license types. If it is intended for a specific license type(s), then a written statement indicating for which license type(s) the assumed name and/or office location will be utilized must be submitted with the LDTL.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I FURTHER CERTIFY THAT I HAVE READ THE PROVISIONS OF TITLE 28, TEXAS ADMINISTRATIVE CODE, SECTIONS 19.901 & 19.902, WHICH RELATE TO THE REGISTERING OF AGENCY TRADE NAMES AND/OR LOCATIONS.

8. _____
SIGNATURE OF OWNER OR PRINCIPAL OF APPLICANT ENTITY

PRINT FULL LEGAL NAME

DATE

This form must be signed in ink by the owner or a principal of the entity making such registration. Print or type the full legal name of the person signing this form in the space provided. The form must be dated.

Completed form with attachments and fee must be mailed to:

Texas Department of Insurance MC 107-A
P.O. Box 12069
Austin, Texas 78711-2069

If you have any questions or need further assistance in completing this form, please call this Department at 512-322-3503.