



Texas Department of Insurance

Licensing/Applications, Mail Code 107-1A

333 Guadalupe P.O. Box 12069 Austin, Texas 78711-2069

512-322-3503 telephone • 512-490-1052 fax • www.tdi.state.tx.us

LDTL Registration Form

License Division Trade Name/Location

Registration Form

**Filing fee for Reinsurance Intermediary-\$500
Filing Fee for Other Agents or Entities-\$50**

Make your check or money order payable to the Texas Department of Insurance. All fees are nonrefundable and nontransferable.

The LDTL form must be used in accordance with the provisions of 28 Texas Administrative Code, Section 19.902. It is used to register assumed names and branch office locations of currently licensed individuals and entities. It is also used to change the official name of a currently licensed entity. This form cannot be used for any other purpose. **To report a mailing address or business address change, please submit the Licensee Name/Address Change Request Form LHL389.** Complete all information required on this form. **Incomplete forms will be returned unprocessed.** This form must be typed or printed in ink.

This LDTL form is submitted to register:

- Assumed Name
- Branch Office Location
- Official Name Change of Licensed Entity

1 INDIVIDUAL AGENT or ENTITY TDI LICENSE NUMBER _____

Enter your Texas Department of Insurance (TDI) License Number in the space provided. The TDI License number is shown on your current license. The license number should be that of the agent or entity registering an assumed name, branch office, or new entity name.

2 SOCIAL SECURITY NUMBER (SSN) OF INDIVIDUAL AGENT or FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OF ENTITY _____

Individual licensee—enter your SSN in the space provided. Disclosure of Social Security Number is required by the Texas Family Code § 231.302. Entity licensee—enter the entity’s FEIN in the space provided.

3 NAME OF INDIVIDUAL AGENT or ENTITY _____

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

4 ASSUMED NAME or NEW NAME OF ENTITY _____

To register an Assumed Name, enter the exact ASSUMED NAME as it is shown on the assumed name certificate. To register an entity name change, enter the exact NEW NAME of the entity as it is reflected in the entity’s official name change document.

To register only an additional office location, the agent or entity name should be the same as shown on the license.

Assumed Name means any name other than a true name or present legal name. 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, is a name that does not include the surname of the individual;
 - B** In the case of a partnership, is a name that does not include the surname or other legal name of each partner;
 - C** In the case of an individual or partnership, is a name, including a surname, that suggests the existence of additional owners by including words such as “Company”, “& Company”, “& Sons”, “& Associates”, “Brothers” and similar words, but not words that merely describe the business or professional service being conducted or rendered; and
 - D** In the case of a limited partnership (LP), a corporation, a limited liability partnership (LLP), or a limited liability company (LLC), any name other than the name stated in its certificate of formation or a comparable document.
- A corporation, LP, LLP, or LLC 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 Entity means the new official name of a currently licensed entity. You **must attach** a copy of the Certificate of Amended Registration reflecting the official entity name change that was filed with the Texas Secretary of State’s office or a copy of the Certificate of Name Change that was filed with any other authorizing entity, or a partnership **must attach** a copy of the official name change as shown in the amendments to the partnership agreement.

5 ADDITIONAL BRANCH OFFICE OR PHYSICAL LOCATION ADDRESS OF LICENSED INDIVIDUAL AGENT or ENTITY

BUSINESS ADDRESS (PHYSICAL LOCATION REQUIRED; P.O. BOX NOT ACCEPTED)

CITY

STATE

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 registering an additional assumed name, or new name of entity, then enter your agency's current business address.

6 LICENSE REQUIRED TO ACT AS AGENT IN BRANCH OFFICE. Are you aware that although an assumed name or branch office is registered with the Texas Department of Insurance, only individuals holding active licenses may perform any acts of an agent in the registered assumed name and/or branch office? YES NO

Refer to Texas Insurance Code, § 4001.003 for the definition of an agent.

7 HAVE YOU ATTACHED ALL REQUIRED DOCUMENTS? YES NO

Refer to question 4. Attach the assumed name certificate, if required. Each entity must attach (1) a copy of the assumed name or a copy of the official document verifying the change of the entity's name, (2) a franchise tax "certificate of good standing" obtained from the State Comptroller of Public Accounts, and (3) adjustment on financial responsibility requirement by either an endorsement to its errors and omissions policy extending coverage to include the assumed name and/or additional branch office location or listing the new entity name as a named insured on the policy. An entity that meets its financial responsibility requirement with a bond must provide a rider to the bond that reflects the entity's new name.

An entity changing its official name must attach its current license. When TDI changes the name, a license reflecting the new name will be mailed to the entity's mailing address of record.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND THAT I HAVE ATTACHED ALL INFORMATION REQUESTED. I FURTHER CERTIFY THAT I AM AWARE OF THE LICENSING PROVISIONS IN THE TEXAS INSURANCE CODE AND THE PROVISIONS OF TITLE 28, TEXAS ADMINISTRATIVE CODE, SECTIONS 19.901 & 19.902, WHICH RELATE TO THE REGISTRATION OF ASSUMED NAMES AND BRANCH OFFICES.

8 _____
SIGNATURE OF INDIVIDUAL AGENT OR ENTITY'S OFFICER OR PARTNER

PRINT FULL LEGAL NAME OF SIGNING AGENT, OFFICER OR PARTNER

DATE

This form must be signed in ink by the individual agent or an officer or partner of the entity filing this registration. Print or type the full legal name of the individual signing this form. The form must be dated.

9 _____
DAYTIME PHONE NUMBER OF SIGNING INDIVIDUAL EMAIL ADDRESS OF SIGNING INDIVIDUAL

Provide a contact phone number and email address where you may be reached.

Completed form with attachments and required 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 Customer Service at **512-322-3503**.