

Name Application

(Insert exact and complete name to be reserved)

(Street Address, City and State of Incorporation)

(Mailing Address)

Check type of entity for which name is to be reserved:

- Life, Accident and/or Health
- Fire and/or Casualty
- Lloyds/Reciprocal
- Title
- Risk Retention Group
- Prepaid Legal
- Health Maintenance Organization (HMO)
 - Single Health Care Service
 - Basic Health Care Service
 - Limited Health Care Service
- Multiple Employer Welfare Arrangement (MEWA)
- Joint Underwriting Association (JUA)

Purpose of Name Application

- Changing name of existing Company, Organization or Sole Proprietorship
This name is to be used by _____
Please complete C on next page.
- New Organization to be formed or an applicant applying for a Certificate of Authority (Domestic)
Please complete B and C on next page.
- Admission to the State of Texas (Foreign)
Please complete A and C on next page.
- Application for a Certificate of Authority as a MEWA or JUA
Please complete A, B, and C on next page.
- Assumed Name, Service Mark, DBA or Trademark for HMO
- Alien applying for Port-of-Entry

Please do not write in this space
Publish Date _____
Eligible Date _____
Expiration Date _____

_____ Signature	_____ Date
_____ Type or Print Name	
_____ Mailing Address	
_____ (Area Code) Phone Number	

A. Please list all the States where your Organization, Partnership, or Sole Proprietorship currently holds a Certificate of Authority or license for the entity on the reverse side under the name applied for in this application:

Please list all the States where your Organization, Partnership, or Sole Proprietorship currently holds a Certificate of Authority under an assumed name for the entity on the reverse side (please identify the assumed name(s)):

B. If a Corporation, list the incorporators as required by law and the organizers if different from the incorporators (if applicable); if a Partnership, list the partners; or if a Sole Proprietorship, state the legal name of the owner:

C. Affiliates:
