

2014 PREPAID FUNERAL BENEFITS CONTRACT PERMIT RENEWAL APPLICATION (INSURANCE FUNDED)

FILING INSTRUCTIONS

Who Must File a Renewal Application? A permit renewal application must be filed if the permit holder: (1) wishes to continue selling prepaid funeral contracts; (2) has outstanding prepaid funeral contracts as of December 31, 2013; or (3) wants to preserve the permit for possible future prepaid funeral contract sales.

Your Renewal Application is required in our office by May 1, 2014 to facilitate the processing of the application and issuance of a new permit by the June 1, 2014 expiration date of your current permit.

Completing the Renewal Application:

- Pages 1-3 of the Renewal Application are to be completed by the permit holder.
- Page 4 of the Renewal Application is to be signed by an officer of the permit holder.
- The additional documents or exhibits required to be filed with the Renewal Application include:
 - Exhibit “A” – If applicable, an assumed name certificate that has been filed with the Secretary of State and/or County Clerk. Please refer to the Assumed Name Certificate instructions enclosed for more information. *Note: These certificates expire 10 years after the date of original filing.*
 - Exhibit “B” – If you wish to continue selling PFCs, you must provide financial statements of the permit holder including a balance sheet and income statement dated not later than the last day of the permit holder’s fiscal year that ended in the immediately preceding calendar year (but not older than 12/31/13). *Blank financial statement forms are available on the Department’s website if you do not have a financial statement format. The financial statements are confidential and will not be subject to Open Records Act requests. Submission of financial statements is now required to determine the permit holder’s financial fitness and viability under Chapter 154 of the Texas Finance Code, Section 154.109(b).*
 - Permit holders may submit a 2013 tax return with a balance sheet in lieu of the financial statements. Permit holders whose financial capacity is derived from a parent or holding company may submit the financial statements of the parent or holding company along with an organizational chart. To allow the Department to consider the financial capacity of a parent or holding company, a Letter of Guarantee (LOG) is required to be executed and filed with the Department. If not previously provided to the Department, please attach a copy of the LOG and the parent or holding company’s financial statements.
 - The Department reserves the right to request additional financial information if the balance sheet and income statement submitted do not clearly establish the financial capability to discharge the permit holder’s responsibilities.
 - Exhibit “C” – For corporations, LLCs, and partnerships, proof of good standing with the Texas Comptroller of Public Accounts is required.

Please either mail, fax, or e-mail the completed Renewal Application and required Exhibits to:

Texas Department of Banking
ATTN: Special Audits Division
2601 North Lamar Blvd.
Austin, Texas 78705-4294
Fax Number: (512) 475-1288
Electronic Mail: pfcpsc@dob.texas.gov

TEXAS DEPARTMENT OF BANKING

2014 PREPAID FUNERAL BENEFIT CONTRACT RENEWAL APPLICATION

INSURANCE-FUNDED PERMIT NO. _____

(Pursuant to the provisions of Chapter 154 of the Texas Finance Code and the rules and regulations of the Texas Department of Banking.)

1. Name of Firm or Corporation: _____
"Doing Business As" Name: _____
2. Location:
(a) Domicile Address: _____
County _____ Phone _____
(b) Mailing Address: _____
County _____ Phone _____
(c) Records / Exam Location: Company Name _____
Address _____
County _____ Phone _____
3. Contact Person: _____
E-mail _____ Phone _____
4. Customer Service Numbers: Fax _____ Phone _____
5. *Association/Corporation Charter Number: _____ Date Filed: _____

Name and percentage of majority stockholder(s), (i.e., own 25% or more of outstanding stock)

Name: _____ Percentage Owned: _____

Name: _____ Percentage Owned: _____

Name: _____ Percentage Owned: _____

Name: _____ Percentage Owned: _____

If the Association/Corporation is owned or controlled by any other entity or firm, please explain below:

6.	Current Officers:	NAME	DATE APPOINTED TO OFFICE
	President:	_____	_____
	Vice President:	_____	_____
	Secretary:	_____	_____
	Treasurer:	_____	_____

7. Has ownership of the permit holder changed over the past 12 months? ☐ Yes ☐ No

If yes, was the Department notified of the ownership change? ☐ Yes ☐ No

Explain the change in ownership, if applicable:

8. Is the permit holder still actively selling new contracts under this permit? ☐ Yes ☐ No

9. Have all written consumer complaints filed against anyone associated with the permit holder, if any, been resolved? ☐ Yes ☐ No ☐ NA

If no, explain: _____

10. Have all violations cited at the last examination of the permit holder been corrected? ☐ Yes ☐ No

11. Has there been any fraud detected involving any employee of the permit holder in the prepaid funeral contract operations since January 1, 2013? ☐ Yes ☐ No

If yes, explain: _____

12. Has the permit holder been subject to any enforcement actions by a licensed authority in Texas or any other state since January 1, 2013? ☐ Yes ☐ No

If yes, explain: _____

13. Has the permit holder had any permit/license suspended, revoked, or renewal refused in Texas or any other state since January 1, 2013? ☐ Yes ☐ No

If yes, explain: _____

14. Has there been any litigation involving the permit holder initiated since January 1, 2013? ☐ Yes ☐ No

If yes, explain: _____

15. Attach a listing of all funeral home providers with outstanding prepaid funeral contracts and the number of outstanding contracts under this permit. Indicate if you own or control any of these locations.
16. If different from the permit holder, give the name and complete mailing address of each insurance company who holds outstanding insurance policies that have been issued to fund prepaid funeral contracts under the permit. Attach a separate sheet, if necessary.

Insurance Company: _____

Insurance Company: _____

- (a) Is there any ownership or affiliation of any type between the permit holder and insurance company? ☐ Yes ☐ No

If yes, explain: _____

17. Are all insurance sales agents properly licensed to sell insurance policies and annuities by the Texas Department of Insurance? ☐ Yes ☐ No

If no, explain: _____

18. Select the applicable option:

☐ Financial statements will be included with this renewal application.

☐ Financial statements will not be included with this renewal application. I understand that my permit will be issued restricted from new insurance-funded prepaid funeral contract sales.

19. Attach a listing of the name and seven-digit agent ID number issued to by the Texas Department of Insurance to all insurance sales agents selling under this permit.
20. Attach a listing of funeral home providers that are known to the permit holder that ceased business since January 1, 2013.

Permit No.: _____

PERMIT RENEWAL APPLICATION ACKNOWLEDGEMENT

I sign the foregoing Permit Renewal Application as a principal officer of the permit holder, having full authority to sign such Permit Renewal Application in said capacity. I affirm I have read the Permit Renewal Application and the attached exhibits, and all information contained therein is true and correct and no material fact has been omitted. I affirm that the permit holder is familiar with and will abide by the provisions of Chapter 154 of the Texas Finance Code.

By: _____
Name of Permit Holder

Signature of Officer

Title

Date

ASSUMED NAME CERTIFICATES

Section 36.02(7) of the Texas Business and Commerce Code (Commerce Code) defines “assumed name” as:

- (a) in the case of an individual, a name that does not include the surname of the individual;
 - (b) in the case of a partnership, a name that does not include the surname or other legal name of each joint venturer or general partner;
 - (c) in the case of an individual or a partnership, a name, including a surname, that suggests the existence of additional owners by including words such as “Company,” “& Company,” “& Son,” “& Sons,” “& Associates,” “Brothers,” and the like, but not words that merely describe the business or professional service being conducted or rendered;
 - (d) in the case of a limited partnership, any name other than the name stated in its certificate of limited partnership;
 - (e) in the case of a company, any name used by the company;
 - (f) in the case of a corporation, any name other than the name stated in its articles of incorporation or association or comparable document.
1. A sole proprietorship or partnership business that is not incorporated, but is using an assumed name, must file an assumed name certificate with the county in which they are located.
 2. A corporation, limited partnership, or limited liability company doing business under an assumed name must file an assumed name certificate with the Secretary of State, in addition to their county clerk in accordance with Section 36.11 of the Commerce Code.
 3. For purposes of filing with the Secretary of State, the corporation should submit an originally executed assumed name certificate accompanied by the filing fee to:

Secretary of State
Statutory Filings Division
Corporation Section
P.O. Box 13697
Austin, Texas 78711-3697
(512) 463-5555
www.sos.texas.gov