



## 2012 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, 2011; 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, 2012** to facilitate the processing of the application and issuance of a new permit by the June 1, 2012 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 signature must be notarized.
- 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. *The enclosed blank financial statement forms may be used 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 2011 tax return 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 is required to be executed and filed with the Department.
    - In lieu of financial statements, permit holders that are insurance companies may submit a letter of confirmation from their state insurance regulator that the insurance company is in compliance with statutory insurance financial equity requirements.
    - 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.

**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: [pfcpc@dob.texas.gov](mailto:pfcpc@dob.texas.gov)

**TEXAS DEPARTMENT OF BANKING**  
**2012 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:

\_\_\_\_\_ (Area Code) Phone Number

\_\_\_\_\_

City County State Zip

(b) Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

City County State Zip

(c) Records / Exam Location:

\_\_\_\_\_ (Area Code) Phone Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

City County State Zip

3. Contact person / Telephone / E-mail address: \_\_\_\_\_  
(Name) (Phone Number) (E-Mail)

4. Customer Service / Fax Numbers for Contract Holders: \_\_\_\_\_

5. \*Association/Corporation Charter Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

*\*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, explain: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

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

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

11. Has there been any fraud detected involving any employee of the permit holder in the prepaid funeral contract operations since January 1, 2011? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

12. Has the permit holder been subject to any enforcement actions by a licensing authority in Texas or any other state since January 1, 2011? 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, 2011? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

14. Has there been any litigation involving the permit holder initiated since January 1, 2011?  
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.

\_\_\_\_\_  
\_\_\_\_\_

- (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. Attach a listing of the name and seven-digit agent ID number issued by the Texas Department of Insurance to all insurance sales agents selling under this permit.

19. Do you allow an option for a customer to pay off their insurance policy early? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is this early pay off option identified in the terms and conditions of an approved insurance policy form?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, is the original insurance policy cancelled once the early pay off option is exercised and all funds then applied to a new insurance policy?  
Yes \_\_\_\_\_ No \_\_\_\_\_

20. Attach a list of funeral home providers that are known to the permit holder that ceased business since January 1, 2011.

**PERMIT RENEWAL APPLICATION**

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 clerk in 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 of \$25.00 to:

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