

Title Insurance Agent or Direct Operation Change Request Form

Use this document to report changes in: (1) license holder operations, including mergers, exchanges, and conversions; (2) ownership; (3) contact information or addresses; or (4) name or assumed name under Administrative Rules L-1.V.B.1 and L-3.V.B.1 of the [Title Insurance Basic Manual](#).

TDI license number _____

Firm ID number _____

Name as listed on the license _____

Fill out this section if there was a change in ownership


List the shareholders, members, or partners, and their percentage of ownership after the changes were made. When adding the percentages of ownership for all owners, there must be a total of 100%. If more space is needed, attach another page.

Owner name	% Ownership	Owner name	% Ownership

- 📎 If any new shareholders, members, or partners are not individuals, attach an organizational chart showing ownership up to the ultimate controlling person.
- 📎 For changes that require a notice to be sent to the Secretary of State, such as mergers, acquisitions, and conversions, attach a copy of the updated Secretary of State documents showing the change.
- 📎 For any new owners list above, attach the form [FINT08 - Title Insurance Licensing Biographical Information](#) (PDF) if they are one of the following individuals for your business type:
 - For a sole proprietorship, the sole proprietor and each designated on-site manager.
 - For a partnership, each designated on-site manager and partner who is in control.
 - For an entity, each officer, director, limited liability company manager, designated on-site manager, and person who is in control of the entity.
 - Each controlling person of an entity or partnership who is in control of the licensed entity or partnership. Fill out this section for a change in officers, directors, limited liability company managers, or designated on-site managers for partnerships, limited liability companies, and corporations

List all current officers, directors, limited liability company managers, and designated on-site managers after the changes were made. If more space is needed, attach another page.

Name	Position title	Name	Position title

 For any new officers or directors listed above, attach form [FINT08 - Title Insurance Licensing Biographical Information](#) (PDF) if they are one of the following individuals for your business type:

- For a sole proprietorship, the sole proprietor and each designated on-site manager.
- For a partnership, each designated on-site manager and partner who is in control.
- For an entity, each officer, director, limited liability company manager, designated on-site manager, and person who is control of the entity.
- Each controlling person of an entity or partnership who is in control of the licensed entity or partnership.

Fill out this section if your contact information or address changed

Title insurance agents and direct operations must notify TDI within 30 days of an address change.

Mailing address


Street address or route _____

City _____ State _____ ZIP _____

Physical address

Street address or route _____

City _____ State _____ ZIP _____

 For a change in direct operation branch office locations, attach a current list of branch office physical and mailing addresses.


Contact name _____

Contact phone number (include area code) _____

Contact email _____

Fill out this section if the license holder name has changed

New name of license holder _____

 If you filed the name change with the Secretary of State, attach a copy of the new Secretary of State Certificate of Filing.

A surety bond, letter of credit, or deposit must be updated to show the correct name.

Fill out this section if a new assumed name is being used

New assumed name of license holder _____

 Attach a copy of the Secretary of State Assumed Name Certificate or a document showing the assumed name was filed with a county.

Fill out this section if an assumed name is no longer used

Assumed name that is no longer used _____

 Attach documents showing proof that the assumed name is no longer used.

Certification

The answers I gave on this form are true and correct.

Contact's signature _____
Date

Declaration

My name is _____, my date of birth is _____

and my address is:

Home address

City _____
State

ZIP _____
County

I declare under penalty of perjury that the information on this form is true and correct.

Executed in _____ County, State of _____,

on _____
Date

Declarant's signature _____

Return this form and any attachments

Email: TDI-TitleLicensing@tdi.texas.gov

Mail:

Title Licensing, CO-TL
Texas Department of Insurance
PO Box 12030
Austin, Texas 78711-2030

Questions?

You can:

1. Use our [online question form](#).
2. Email us at TDI-TitleLicensing@tdi.texas.gov.
3. Call us at 512-676-6475.

Know your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, MC: GC-ORO, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030. You also have the right to ask that we correct information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, MC: CO-AAL-CC, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030.

Sus derechos

Usted puede solicitar la información que tenemos sobre usted enviando un correo electrónico a OpenRecords@tdi.texas.gov o una carta a: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030. Usted también tiene derecho a solicitar que TDI corrija la información incorrecta que tenga sobre usted. Para pedir una corrección envíe (1) su nombre, dirección postal y número de teléfono, (2) los detalles de la información que necesita corregirse y (3) la razón por la cual la información es incorrecta o prueba de que la información es incorrecta. Envíe el correo electrónico a RecordCorrections@tdi.texas.gov o una carta a: Record Correction Request, Texas Department of Insurance, MC: CO-AAL-CC, PO Box 12030 Austin, Texas 78711-2030.