

**Figure: 28 TAC §7.209(o)**

\_\_\_\_\_ by \_\_\_\_\_  
Name of Domestic Insurer      Name of Divesting Person (Applicant).

Filed with the Texas Department of Insurance, date: \_\_\_\_\_, 20\_\_.

Name, title, address, email, and telephone number of individual to whom notices and  
correspondence concerning this statement should be addressed:

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