FIS 0144 (9/09) Office of Financial and Insurance Regulation

Request for Determination of Exemption from Requalification under Section 405(1)

Enter complete information for each item requested. Attach additional sheet(s) if needed.

Name of insurer subject to change in control	NAIC number	Tax ID number
Insurer home office address (also list mailing address if different)	State of Domicile	Date of change in control
	Name of entity(ies) acquiring control of this insurer	
	Name of ultimate controlling person(s) of this insurer	

☐ Attach a chart that accurately depicts the organization structure after the change in control.

Complete chart below by listing last rating given this insurer by all nationally recognized independant rating organizations such as A.M. Best, S & P, Moody's, Duff & Phelps, etc.

Name of Rating Organization	Rating	Rating "as of" date	Date rating was issued

☐ Attach a copy of the complete narrative for each rating listed.

What is the total amount of capital and surplus of the insurer?

Amount in whole dollars: $ _____ *As of this date:* _____

What is the total adjusted capital of the insurer as a percentage of authorized control level risk based capital as of the insurer's last annual filing?

Enter percentage: _____ % *As of this date:* _____

Did the insurer receive any NAIC insurance regulatory information system priority designation for the year preceding the change in control?

☐ No ☐ Yes *If Yes, please attach a copy of the examiner team synopsis*

Was insurer's Michigan certificate of authority suspended, revoked or limited pursuant to Section 436 of the Michigan Insurance Code in the five year period preceding the change of control?

☐ No ☐ Yes *If Yes, please attach an explanation of the action*

Certification

I am making this request for determination of exemption from requalification under Section 405(1) of the Michigan Insurance Code on behalf of the insurer named above. The insurer is applying for the lines of insurance granted in insurer's current Michigan Certificate of Authority. The information given in this document and any attachments is true, complete and correct to the best of my knowledge and belief.

Signature of officer of insurer	Officer name and title typed or printed	Date signed

Person to contact about this document (please type or print)	Contact person title	Phone number

PA 218 of 1956 as amended requires submission of this form by persons requesting a determination of exemption from requalification under Section 405(1) prior to or following a change in control. Failure to file this form after a change in control may result in revocation of insurer's Michigan Certificate of Authority.

Michigan Department of Energy, Labor & Economic Growth

DELEG is an equal oppportunity employer/program.
Auxiliary adis, services and other reasonable accommocations are available upon request to individuals with disabilities.

Visit OFIR online at: www.michigan.gov/ofir Phone OFIR toll-free at: 1-877-999-6442