

COMPLETE FOR EACH
SOLELY OWNED NON-
INSURANCE AFFILIATE

2022

DUE 3/1/23

**Non-Insurance Entity
Qualifying Assets Under Section 901(1)**

Read instructions before completing form

Note: Refer to Instructions for FIS 0076, 0079 or 0081 for specific instructions on each type of asset

Name of Company	NAIC Group number	NAIC Company code
Name of Parent Company		

- 1. **Liabilities** 1. _____
(Lines 2 through 12 intentionally left blank)
- 13. a. 5% Limitation per Section 901(6) (multiply line 1 by 5%) 13a. _____
b. 2% Limitation per Section 901(2)(a) (multiply line 1 by 2%) 13b. _____
c. 20% Limitation per Section 901(2)(c) and (f) (multiply line 1 by 20%) 13c. _____
- 14. **Bonds in compliance with Section 901(2)(f), 901(4), (6) and (7). (Note: may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form)** 14. _____
- 15. **Preferred and Common Stocks at market value, in compliance with Section 901(6) and (7). (Note: subject to 5% limit; see line 13a of this form). EXCLUDE the value of affiliated stocks** 15. _____
- 16. **Mortgage Loans on Real Estate at book value in compliance with Section 901(6) and (7). (Note: may be subject to 5% limit; see line 13a of this form)** 16. _____
- 17. **Real Estate (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (Note: subject to 5% limit, and 20% limit; see lines 13a and 13c of this form)** 17. _____
- 18. **Unaffiliated Loans or Receivables: Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form. (Note: subject to 5% limit; see line 13a of this form)** 18. _____
- 19. **Affiliated Loans or Receivables: Amounts loaned to, receivable from, or deposited with affiliated insurers in compliance with Section 901(6) and (7). A listing with a breakdown by company and amount must be attached to this form** 19. _____
- 20. **Cash and Bank Deposits (subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form)** 20. _____
- 21. **Short-Term Investments at statement value. (Note: may be subject to 5% limit; see line 13a of this form)** 21. _____
- 22. **Equity in Affiliated Insurers: Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). Attach a complete listing showing companies and amount. Attach an audited financial statement and an annual statement for each affiliate not licensed in Michigan** 22. _____
- 23. **Equity in Wholly-owned Noninsurance Affiliates: Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly-owned noninsurers in compliance with Section 901(7)(c). Attach a complete listing showing companies and amount. Attach an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082)** 23. _____
- 24. **Value of Computers in compliance with Section 901(2)(a). The value shall not exceed the original cost amortized over 3 or less years. (Note: Subject to 2% limit; see line 13b of this form)** 24. _____
- 25. **Income Due and Accrued (only include income due and accrued on assets reported on lines 14 through 24 of this form)** 25. _____

26. **Total Amount of Qualifying Assets (add lines 14 through 25)**..... 26. _____
27. **Excess Amount of Qualifying Assets over Amount of Net Liabilities (subtract line 1 from line 26). If amount is positive, no further work is necessary. If amount is negative, continue below**..... 27. _____
- Other assets not included above, subject to approval by the Director:**
28. **Assets considered as qualifying under Section 901(2)(e) (Detail Required)**..... 28. _____
29. **Assets considered as qualifying under Section 901(7)(d) and (e) (Detail Required)**..... 29. _____
30. **Assets considered as qualifying under Section 901(5) (Detail Required)** 30. _____
- 31 **The sum of lines 27 through 30**..... 31 _____

CERTIFICATION

I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company code
Company Officer's name and title typed or printed	Person and phone no. to contact regarding this report:	

P.A. 218 of 1956 as amended requires submission by stated insurers. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action



Michigan Department of Insurance and Financial Services

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