

## 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								
		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								
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 Independent rating organizations, such as A.M. Best, S & P, Moody's, Fitch, 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 trigger 4 or more NAIC insurance regulatory information system ratios for the year preceding the change in control?

No  Yes

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 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
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Person to contact about this document (please type or print)	Contact person title	Phone number
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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 Insurance and Financial Services**

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