

If applicant is associated with a holding company, complete this form.

Year this report is based on
Must be most recent year end

Report of Insurers in the Holding Company

Enter complete information for each insurer in the holding company.
Enter information based on the latest year-end. Indicate report used.

Name of applicant company

NAIC Number	Company Name	Country or State of Domicile	Assets	Liabilities	Policyholder's Surplus	A.M. Best Rating	S & P Rating	Moody's Rating	Licensed in Michigan?
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
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									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Our web address is: <http://www.michigan.gov/difs>
Our toll free phone number is: 877-999-6442

PA 218 of 1956 as amended, requires submission of this form by companies applying for requalification under Section 405(b) after a change in control. Failure to complete and submit this form properly could result in denial of the Applicant's application for requalification.