

Affiliate Statement

Name of Applicant / Registrant	Tax ID Number (FEIN)
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Check each box that below that describes your relationship to the applicant/registrant. Enter all requested information.
Each of the persons or entities shown below is required to complete this statement. Corporate stockholders enter primary mailing and business addresses for the corporation.

<input type="checkbox"/> Owner, Officer*, Director, Partner or Member (Limited Liability Companies) <input type="checkbox"/> Individual Stockholder of 10% or more of the stock <input type="checkbox"/> Corporate Stockholder of 10% or more of the stock <small>*Officers include, but are not limited to, Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, Treasurer</small> Your Name and Title as it relates to the Applicant/Registrant Group Your Social Security Number	OR <i>If affiliated party is a Corporate Stockholder, complete this section:</i> Name of Corporation State of Incorporation Percentage of Ownership of Applicant/Registrant Group % Corporation Tax ID Number (FEIN)
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MAILING ADDRESS

Street Address	Floor or Suite Number
PO Box Number	
City	State ZIP Code

BUSINESS ADDRESS or check here if same as Mailing Address

Street Address	Floor or Suite Number
PO Box Number	
City	State ZIP Code

Please answer all questions completely. If you are completing this form on behalf of a corporate stockholder or other business entity, answer on behalf of the corporation, not on behalf of you as an individual. If additional space is needed, please clearly identify each response by question number and attach the continuation(s) to this statement. Enter your name and Social Security Number or parent company's name and FEIN in the upper right corner of each attachment. Attachments become part of this statement.

1. Have you or the applicant's corporate stockholder (if applicable) ever been refused a license, or has any action ever been taken against any professional license held by you? An action can include, but is not limited to: Suspension, revocation, denial, limitation for cause, disciplinary action, fines, etc. <input type="checkbox"/> Yes <i>If yes, please identify the type of license, licensing state, license number, and an explanation of the action taken.</i> <input type="checkbox"/> No	
2. Have you or the applicant's corporate stockholder (if applicable) ever been convicted of a felony or any misdemeanor other than minor traffic violations? <input type="checkbox"/> Yes <i>If yes, please explain, including dates and final disposition.</i> <input type="checkbox"/> No	
3. Have you or the applicant's corporate stockholder (if applicable) ever been subjected to any credit or financial proceeding necessitating court intervention? <input type="checkbox"/> Yes <i>If yes, please explain. Attach a copy of the complaint, final court judgment or order, or other disposition.</i> <input type="checkbox"/> No	
4. Are you currently licensed as an insurance producer in any state? <input type="checkbox"/> Yes <i>If yes, please indicate all the states in which you currently hold an insurance producer license.</i> <input type="checkbox"/> No	

I certify under penalties of perjury that the information above and attached is true, accurate, and complete.		
Signature's Name and Title (<i>typed or printed</i>)	Signature	Date signed

PA 218 of 1956 as amended requires submission of this form by each person or entity described on this form. Failure to complete or submit this form, misrepresentation, omission of material fact or fraud in this statement may result in a denial or revocation of authority to do business, fines, and other compliance actions.

When complete, submit with application form to: **Department of Insurance and Financial Services**
 PO Box 30165
 Lansing, MI 48909-7665