FIS 0171 (06/15) Department of Insurance and Financial Services

Report of Insurers in the Holding Company

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

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

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

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?
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐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 admission to Michigan. Failure to complete and submit this form properly could result in denial of your application, compliance action or revocation of Applicant's Michigan license, if issued.