### PROPOSED AMENDED RULE AND REGULATION 15

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# INSURANCE HOLDING COMPANY SYSTEMS WITH REPORTING FORMS AND INSTRUCTIONS

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SECTION 1. AUTHORITY.

This Rule and Regulation is promulgated by the Commissioner pursuant to the authority granted by Arkansas Ark, Code Annotated §§ Ann. §§ 23-61-108, 23-63-518501, et seq., and 25-15-201, et seq.

SECTION 2.

EFFECTIVE DATE.

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This Rule and Regulation shall become effective on January 1, 19992016.

### SECTION 3. PURPOSE.

The purposespurpose of this Rule and Regulation are: is to set forth rules and procedural requirements—which procedures that the Commissioner deems necessary to carry out the provisions of Ark. Code Ann. §§ 23-63-501, et seq., The the Insurance Holding Company Regulatory Act, hereinafter referred to as "the Act"..." The information ealled for byto be filed pursuant to this Rule and Regulation is hereby declared to be necessary and appropriate in the public interest and for the protection of the policyholders in this State.

### SECTION 4. SEVERABILITY CLAUSE.

If any provision of this Rule—and—Regulation, or the application thereof to any person or circumstance, is held invalid, such invaliditydetermination shall not affect other provisions or applications of this Rule—and—Regulation which can be given effect without the invalid provision or application, and to that end the provisions of this Rule and—Regulation are severable.

### SECTION 5. FORMS - GENERAL REQUIREMENTS.

- (a) Forms A, B, C, D, E and EF are intended to be guides in the preparation of the statements required by the Act. They are not intended to be blank forms which are to be filled in. The statements filed shall contain the numbers and captions of all items, but the text of the items may be omitted provided the answers thereto are se-prepared in such a manner as to indicate toclearly the reader the scope and coverage of the items. All instructions, whether appearing under the items of the form or elsewhere therein, are to be omitted. Unless expressly provided otherwise, if any item is inapplicable or the answer thereto is in the negative, an appropriate statement to that effect shall be made.
- (b) Two (2) complete copies of each statement including exhibits and all other papers and documents filed as a part thereof, accompanied by the appropriate Rule 57 filing fee set forth in Arkansas Insurance Department Rule 57, shall be filed with the Insurance Commissioner of the State of Arkansas by personal delivery or mail addressed to:

Insurance Commissioner of the State of Arkansas 1200 West Third Street
Little Rock, Arkansas 72201-1904
Attention: Legal Division.

A copy of Form C shall be filed in each state in which an insurer is authorized to do business, if the Commissioner of that state has notified the insurer of its request in writing, in which case the insurer has twenty (20) days from receipt of the notice to file such form. At least one of the copies shall be manually signed in the manner prescribed on the form. Unsigned copies shall be conformed. If the signature of any person is affixed pursuant to a power of attorney or other

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similar authority, a copy of such power of attorney or other authority shall also be filed with the statement.

(c) Statements should be prepared on paper 8-1/2" x 11" in size and preferably bound at the top or the top left hand corner. Exhibits and financial statements, unless specifically prepared for the filing, may be submitted in their original size. All copies of any statement, financial statements, or exhibits shall be clear, easily readable and suitable for photocopying electronically. Statements shall be easily readable and suitable for review and reproduction. Debits in credit categories and credits in debit categories shall be designated so as to be clearly distinguishable as such on photocopies. Statements shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper or document filed with the statement is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency normally shall be converted into United States currency.

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# SECTION 6. FORMS - INCORPORATION BY REFERENCE, SUMMARIES AND OMISSIONS.

(a) Information required by any item of Form A, Form B, Form D, Form E or Form EF may be incorporated by reference in answer or partial answer to any other item. Information contained in any financial statement, annual report, proxy statement, statement filed with a governmental authority, or any other document may be incorporated by reference in answer or partial answer to any item of Form A, Form B, Form D, Form E or Form EF provided such document or paper is filed as an exhibit to the statement. Excerpts of documents may be filed as exhibits if the documents are extensive. Documents currently on file with the Commissioner which were filed within three (3) years need not be attached as exhibits. References to information contained in exhibits or in documents already on file shall clearly identify the material and shall specifically indicate that such material is to be incorporated by reference in answer to the item. Matter shall not be incorporated by reference in any case where such incorporation would render the statement incomplete, unclear or confusing.

(b) Where an item requires a summary or outline of the provisions of any document, only a brief statement shall be made as to the pertinent provisions of the document. In addition to such statement, the summary or outline may incorporate by reference particular parts of any exhibit or document currently on file with the Commissioner which was filed within three (3) years and may be qualified in its entirety by such reference. In any case where two (2) or more documents required to be filed as exhibits are substantially identical in all material respects except as to the parties thereto, the dates of execution, or other details, a copy of only one of such documents need be filed with a schedule identifying the omitted documents and setting forth the material details in which the documents differ from the documents, a copy of which is filed.

SECTION 7. FORMS - INFORMATION UNKNOWN OR UNAVAILABLE AND EXTENSION OF TIME TO FURNISH.

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(a) Information required need be given only insofar as it is known or reasonably available to the person filing the statement. If any required information is unknown and not reasonably available to the person filing, either because the obtaining thereof would involve unreasonable effort or expense, or because it rests peculiarly within the knowledge of another person not affiliated with the person filing, the information may be omitted, subject to the following conditions:

(a

(1) The person filing shall give such information on the subject as it possesses or can acquire without unreasonable effort or expense, together with the sources thereof; and

(2) The person filing shall include a statement either showing that unreasonable effort or expense would be involved or indicating the absence of any affiliation with the person within whose knowledge the information rests and stating the result of a request made to that person for the information.

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(b) If it is impractical to furnish any required information, document or report at the time it is required to be filed, there mayshall be filed with the Commissioner a separate document:

- (1) Identifying the information, document or report in question;
- (2) Stating why the filing thereof at the time required is impractical; and
- (3) Requesting an extension of time for filing the information, document or report to a specified date. The request for extension shall be deemed granted unless the Commissioner within sixty (60) days after receipt thereof enters an order denying the request.

### SECTION 8. FORMS - ADDITIONAL INFORMATION AND EXHIBITS.

In addition to the information expressly required to be included in Form A, Form B, Form C, Form D, Form E and Form EF, the Commissioner may request such further material information, if any, as may be necessary to make the information contained therein not misleading. The person filing may also file such exhibits as it may desire in addition to those expressly required by the statement. Such exhibits shall be so marked as to indicate clearly the subject matters to which they refer. Changes to Forms A, B, C, D, E or EF shall include on the top of the cover page the phrase: ""Change No. (insert number) to" and shall indicate the date of the change and not the date of the original filing.

### SECTION 9. DEFINITIONS.

- (a) ""Commissioner" means the Arkansas Insurance Commissioner.
- (b) "Executive officer"(b) "Enterprise risk" means any activity, circumstance, event, or series of events involving at least one (1) affiliate of an insurer that, if not remedied, are likely to have

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a material adverse effect on the financial condition or liquidity of the insurer or the insurer's insurance holding company as a whole, including any action that may cause an insurer's risk-based capital to fall into company action level or cause an insurer to be in hazardous financial condition.

(c) "Executive officer" means chief executive officer, chief operating officer, chief financial officer, treasurer, secretary, controller, and any other individual performing functions corresponding to those performed by the foregoing officers under whatever title.

(c) "Foreign insurer" shall include an alien insurer as defined in Ark. Code Ann. §23-60-102(8) except where clearly noted otherwise.

(d) ""'Ultimate controlling person"" means that person which is not controlled by any other person.

(e) Unless the context otherwise requires, other terms found in this Rule and Regulation and in Ark. Code Ann. § 23-63-503 are used as defined in the Act- if not defined herein. Other nomenclature or terminology is according to in accordance with the Insurance Code, or industry usage if not defined by the Insurance Code.

### SECTION 10. SUBSIDIARIES OF DOMESTIC INSURERS.

The authority to invest in subsidiaries under Ark. Code Ann. § 23-63-505 is in addition to any authority to invest in subsidiaries which may be contained in any other provision of the Insurance Code.

# SECTION 11. ACQUISITION OF CONTROL - STATEMENT FILING.

A person required to file a statement pursuant to Ark. Code Ann. §§§ 23-63-544506 – 23-63-513 shall furnish the required information on Form A, hereby made a part of this Rule—and Regulation. Such person shall also furnish the required information on Form E, hereby made a part of this Rule and Regulation and described in Section 14 of this Rule-and Regulation.

### SECTION 12. AMENDMENTS TO FORM A.

The applicant shall promptly advise the Commissioner of any changes in the information furnished on Form A arising subsequent to the date upon which such information was furnished, but prior to the Commissioner's disposition of the application.

# SECTION 13. ACQUISITION OF ARK. CODE ANN. § 23-63-506 INSURERS.

(a) If the person being acquired is deemed to be a ""domestic insurer" solely because of the provisions of Ark. Code Ann. § 23-63-506, the name of the domestic insurer on the cover page should be indicated as follows:

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"ABC Insurance Company, a subsidiary of XYZ Holding Company".."

Where an Ark. Code Ann. §a-§\_23-63-506 insurer is being acquired, references to ""the insurer"; contained in Form A shall refer to both the domestic subsidiary insurer and the person being acquired.

#### SECTION 14. PRE-ACQUISITION NOTIFICATION.

If a domestic insurer, including any person controlling a domestic insurer, is proposing a merger or acquisition pursuant to §§Ark. Code Ann. §§ 23-63-506, et seq., - 23-63-513, that person shall file a pre-acquisition notification form, Form E, which was developed pursuant to §Ark. Code Ann. § 23-63-527.

Additionally, if a non-domiciliary insurer licensed to do business in this State is proposing a merger or acquisition pursuant to §§Ark. Code Ann. §§ 23-63-506, et seq., 525 – 23-63-530, that person shall file a pre-acquisition notification form, Form E. No pre-acquisition notification form need be filed if the acquisition is beyond the scope of §§Ark. Code Ann. §§ 23-63-525, et seq., - 23-63-528, as set forth in §Ark. Code Ann. § 23-63-526(b); unless the Commissioner so requests.

In addition to the information required by Form E, the Commissioner may wish to require an expert opinion as to the competitive impact of the proposed acquisition.

The Form E filing shall be accompanied by the Rule 57 fee for notice filings or exemptions.

### ANNUAL REGISTRATION OF INSURERS - STATEMENT SECTION 15. FILING.

An insurer required to file and maintain a registration statement pursuant to Ark. Code Ann. § 23-63-514 shall furnish the required information on Form B, hereby made a part of this Rule-and Regulation.

Notwithstanding the frequency or lack of filed amendments reporting material transactions in the intervening period, each domestic insurer subject to registration under this Rule shall update, restate and refile with the Department a full and complete registration statement (Form B), with the\_companion summary (Form C), annually on or before April 1st. The Form B filing shall be accompanied by the proper Rule 57 fee.

#### **SECTION 16.** SUMMARY OF REGISTRATION - STATEMENT FILING.

An insurer required to file and maintain a registration statement pursuant to Ark. Code Ann. §23-63-514 is also required to furnish information required on Form C, hereby made a part of this Rule and Regulation. An insurer shall file a copy of Form C in each state in which the insurer is authorized to do business, if requested by the Commissioner of that state.

SECTION 17. AMENDMENTS TO FORM B.

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| (a) An amendment to Form B shall be filed within fifteen (1) days in which there is a material change to the information provided in the r  | Formatted: Header after the end of any month   |
| (b) Amendments shall be filed in the Form B format reporting o being amended. Each amendment shall include at the top of the cover [insert number] to Form B for [insert year]" and shall indicate the date date of the original filings.   | Formatted: Font: Times New Roman, 12 pt only those items which are r page "AMENDMENT NO.   |
| (c) Amendments shall be accompanied by the proper Rule 57 fee.  | -  |
| (d) Notwithstanding the frequency or lack of filed amendment transactions in the intervening period, each domestic insurer subject Rule shall update, restate and refile with the Department a full statement (Form B), with the companion summary (Form C), annual   | t to registration under this and complete registration   |
| The Form B filing shall be accompanied by the proper Rule 57 fee. Ma  |  |
| SECTION 16. SUMMARY OF REGISTRATION - STATE   | MENT FILING. Formatted: Font: Times New Roman, 12 pt   |
| An insurer required to file and maintain a registration statement purs 23-63-514 is also required to furnish information required on Form C.  | hereby made a part of this   |
| Rule. A copy of Form C shall be filed in each state in which an i business, if the Commissioner of that state has notified the insurer of which case the insurer has twenty (20) days from receipt of the notice to   | of its request in writing, in  |
| SECTION 17. AMENDMENTS TO FORM B.   | Formatted: Font: Times New Roman, 12 pt  |
| (a) An amendment to Form B shall be filed within fifteen (15) month in which there is a material change to the information provided statement.  |  |
| (b) Amendments shall be filed in the Form B format reporting o being amended. Each amendment shall include at the top of the control NO. [insert number] to Form B for [insert year]" and shall indicate the the date of the original filings.  | ver page "AMENDMENT  |
| SECTION 18. ALTERNATIVE AND CONSOLIDATED RI   | Formatted: Font: Times New Roman, 12 pt EGISTRATIONS.  |
| (a) Any authorized insurer may file a registration statement or insurer or insurers which are required to register under Ark. Cod registration statement may include information not required by the Arthe insurance holding company system even if the insurer is not authorized. In lieu of filing a registration statement on Form B, the authorized the registration statement or similar report which it is required to filing a registration statement or similar report which it is required to fill provided: | n behalf of any affiliated de Ann. § 23-63-514. A Formatted: Font: Times New Roman, 12 pt ct regarding any insurer in rized to do business in this zed insurer may file a copy |
| (1) The statement or report contains substantially similar furnished on Form B; and   | information required to be   |

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- (2) The filing insurer is the principal insurance company in the insurance holding company system.
- (b) The question of whether the filing insurer is the principal insurance company in the insurance holding company system is a question of fact and an insurer filing a registration statement or report in lieu of Form B on behalf of an affiliated insurer, shall set forth a brief statement of facts which will substantiate the filing insurer's insurer's claim that it, in fact, is the principal insurer in the insurance holding company system.

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(c) With the prior approval of the Commissioner, an unauthorized insurer may follow any of the procedures which could be done by an authorized insurer under Subsection (a) above.

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(d) Any insurer may take advantage of the provisions of Ark. Code Ann. § 23-63-514(f) or (g) without obtaining the prior approval of the Commissioner. The Commissioner, however, reserves the right to require individual filings if he deems such filings necessary in the interest of clarity, ease of administration or the public good.

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### SECTION 19. DISCLAIMERS AND TERMINATION OF REGISTRATION.

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- (a) A disclaimer of affiliation or a request for termination of registration claiming that a person does not, or will not upon the taking of some proposed action, control another person (hereinafter referred to as the "subject") shall contain the following information:
  - (1) The number of authorized, issued and outstanding voting securities of the subject;
  - (2) With respect to the person whose control is denied and all affiliates of such person, the number and percentage of shares of the subject's voting securities which are held of record or known to be beneficially owned, and the number of shares concerning which there is a right to acquire, directly or indirectly;
  - (3) All material relationships and bases for affiliation between the subject and the person whose control is denied and all affiliates of such person;
  - (4) A statement explaining why the person should not be considered to control the subject.
- (b) A request for termination of registration shall be deemed to have been granted unless the Commissioner, within thirty (30) days after he receives receipt of the request, notifies the registrant otherwise.

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SECTION 20. TRANSACTIONS SUBJECT TO PRIOR NOTICE - NOTICE-

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- (a) An insurer required to give notice of a proposed transaction under Subsection (a)(2) pursuant to Ark. Code Ann. § 23-63-515(a)(2) shall furnish the required information on Form D, hereby made a part of this Rule.
- (b) Agreements for cost sharing services and Regulation management services shall at a minimum and as applicable:
  - (1) Identify the person providing services and the nature of such services;
  - (2) Set forth the methods to allocate costs;
  - (3) Require timely settlement, not less frequently than on a quarterly basis, and compliance with the requirements in the Accounting Practices and Procedures Manual;
  - (4) Prohibit advancement of funds by the insurer to the affiliate except to pay for services defined in the agreement;
  - (5) State that the insurer will maintain oversight for functions provided to the insurer by the affiliate and that the insurer will monitor services annually for quality assurance;
  - (6) Define books and records of the insurer to include all books and records developed or maintained under or related to the agreement;
  - (7) Specify that all books and records of the insurer are and remain the property of the insurer and are subject to control of the insurer;
  - (8) State that all funds and invested assets of the insurer are the exclusive property of the insurer, held for the benefit of the insurer and are subject to the control of the insurer;
  - (9) Include standards for termination of the agreement with and without cause;
  - (10) Include provisions for indemnification of the insurer in the event of gross negligence or willful misconduct on the part of the affiliate providing the services;
  - (11) Specify that, if the insurer is placed in receivership or seized by the Commissioner under Ark. Code Ann. §§ 23-68-101, et seq.:
    - (i) all of the rights of the insurer under the agreement extend to the receiver or Commissioner; and,
    - (ii) all books and records will immediately be made available to the receiver or the Commissioner, and shall be turned over to the receiver or the Commissioner immediately upon the receiver or the Commissioner's request;
  - (12) Specify that the affiliate has no automatic right to terminate the agreement if the insurer is placed in receivership pursuant to Ark. Code Ann. §§ 23-68-101, et seq.; and

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(13) Specify that the affiliate will continue to maintain any systems, programs, or other infrastructure notwithstanding a seizure by the Commissioner under Ark. Code Ann. §§ 23-68-101, et seq., and will make them available to the receiver, for so long as the affiliate continues to receive timely payment for services rendered.

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### SECTION 21. ENTERPRISE RISK REPORT.

The ultimate controlling person of an insurer required to file an enterprise risk report pursuant to Ark. Code Ann. § 23-63-514(m) shall furnish the required information on Form F, hereby made a part of this Rule.

### SECTION 22. EXTRAORDINARY DIVIDENDS AND OTHER DISTRIBUTIONS.

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- (a) Requests for approval of extraordinary dividends or any other extraordinary distribution to shareholders shall include the following:
  - (1) The amount of the proposed dividend;
  - (2) The date established for payment of the dividend;
  - (3) A statement as to whether the dividend is to be in cash or other property and, if in property, a description thereof, its cost, and its fair market value together with an explanation of the basis for valuation;
  - (4) A copy of the calculations determining that the proposed dividend is extraordinary. The work paper shall include the following information:
    - (i) The amounts, dates and form of payment of all dividends or distributions (including regular dividends but excluding distributions of the insurer's own securities) paid within the period of twelve (12) consecutive months ending on the date fixed for payment of the proposed dividend for which approval is sought and commencing on the day after the same day of the same month in the last preceding year.
    - (ii) Surplus as regards policyholders (total capital and surplus) as of the 31st day of December next preceding;
    - (iii) If the insurer is a life insurer, the net gain from operations for the twelve(12) month period ending the 31st day of December next preceding;
    - (iv) If the insurer is not a life insurer, the net income less realized capital gains for the twelve (12) month period ending the 31st day of December next preceding and the two preceding twelve (12)—) month periods; and

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|  |  | r is not a life insurer, the dividen  |  |                        |                  |
|  | excluding distribution two (2) calendar yea  | ons of the insurer's insurer's own sers.  | curities in the preceding  | Formatted: Font: Times | New Roman, 12 pt |
|  | nnual statement filed with   | statement of income for the period<br>the Commissioner and the end of<br>for dividend approval is submitted; a  | the month preceding the  |                        |                  |
| (6   | 6) A brief statement a   | s to the effect of the proposed div   | idend upon the insurer's   |                        |                  |
|  |  | ess of surplus in relation to the insur   |  | Formatted: Font: Times | New Roman, 12 pt |
| li   | abilities and the adequacy   | of surplus relative to the <del>insurer's</del> <u>insu</u>   | <u>irer's</u> financial needs.   | Formatted: Font: Times | New Roman, 12 pt |
|  |  | § 23-63-515(c), (d), (e) and (f) as to  |  | Formatted: Font: Times | New Roman, 12 pt |
|  |  | to the Commissioner all dividends a<br>siness days following the declaration  |  |                        |                  |
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| In determine the control of the cont | mining the adequacy and<br>ily controlling. The Comr<br>ilus other factors bearing of<br>naintained by other insurer<br>stors varies from company<br>ents in subsidiaries, the Co  | Ann. § 23-63-515(b) are not intended reasonableness of an insurer's surprissioner, instead, will consider the on the financial condition of the instead, to company and in determining the ammissioner will consider the individual investment of the extent that the individual investment in the individual investment. | olus, no single factor is<br>net effect of all of these<br>surer. In comparing the<br>e extent to which each of<br>e quality and liquidity of<br>dual subsidiary and may | Formatted: Font: Times | New Roman, 12 pt |
|  |  | (signed by Commit<br>MIKE PICKENS<br>ALLEN KERR<br>INSURANCE COM<br>STATE OF ARKAN  | IMISSIONER   | Formatted: Font: Times | New Roman, 12 pt |
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| FORM A  | Formatted: Font: Times New Roman, 12 pt, Underline   |
| STATEMENT REGARDING THE ACQUISITION OF CONTROL  | Formatted: Font: Times New Roman, 12 pt              |
| OF OR MERGER WITH A DOMESTIC INSURER  | Formatted: Centered, Indent: Left: 0"                |
| Name of Domestic Insurer BY   |  |
| Name of Acquiring Person (Applicant)  |  |
| Filed with the Insurance Department of the State of (State of domicile of insurer being acquired)  Dated:, (Year)   |  |
| Name, Title, Address and Telephone Number of Individual to Whom Notices and Correspondence Concerning this Statement Should be Addressed:   |  |
| FORM A  |  |
| ITEM 1. INSURER AND METHOD OF ACQUISITION.  | Formatted: Font: Times New Roman, 12 pt              |
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| State the name and address of the domestic insurer to which this application relates and a brief description of how control is to be acquired.  | Formatted: Font: Times New Roman, 12 pt,<br>Not Bold |
| ITEM 2 IDENTITY AND DACKODOUND OF THE ADDITIONAL  | Formatted: Line spacing: At least 12 pt              |
| ITEM 2. IDENTITY AND BACKGROUND OF THE APPLICANT  | Formatted: Font: Times New Roman, 12 pt              |
| (a) State the name and address of the applicant seeking to acquire control over the insurer.  | Formatted: Font: Times New Roman, 12 pt,<br>Bold     |
| (b) If the applicant is not an individual, state the nature of its business operations for the past five (5) years or for such lesser period as such person and any predecessors thereof shall have been in existence. Briefly describe the business intended to be done by the applicant and the applicant's subsidiaries. | Formatted: Font: Times New Roman, 12 pt              |

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relationships interrelationships among the applicant and all affiliates of the applicant. No affiliate

need be identified if its total assets are equal to less than 1/2 of 1% of the total assets of the ultimate controlling person affiliated with the applicant. Indicate in such chart or listing the percentage of voting securities of each such person which is owned or controlled by the applicant or by any other such person. If control of any person is maintained other than by the ownership

Furnish a chart or listing clearly presenting the identities of and the inter-

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or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate the type of organization (e.g. corporation, trust, partnership) and the state or other jurisdiction of domicile. If court proceedings involving a reorganization or liquidation are pending with respect to any such person, indicate which person, and set forth the title of the court, nature of proceedings and the date when commenced.

# ITEM 3. IDENTITY AND BACKGROUND OF INDIVIDUALS ASSOCIATED WITH THE APPLICANT APPLICANT

State the following with respect to (1) the applicant if (s)he is an individual or (2) all persons who are directors, executive officers or owners of ten percent (10%) or more of the voting securities of the applicant if the applicant is not an individual:

(a) Name and business address;

- (b) Present principal business activity, occupation or employment including position and office held and the name, principal business and address of any corporation or other organization in which such employment is carried on;
- (c) Material occupations, positions, offices or employment during the last five (5) years, giving the starting and ending dates of each and the name, principal business and address of any business corporation or other organization in which each such occupation, position, office or employment was carried on; if any such occupation, position, office or employment required licensing by or registration with any federal, state or municipal governmental agency, indicate such fact, the current status of such licensing or registration, and an explanation of any surrender, revocation, suspension or disciplinary proceedings in connection therewith.
- (d) Whether or not such person has ever been convicted in a criminal proceeding (excluding minor traffic violations) during the last ten (10) years and, if so, give the date, nature of conviction, name and location of court, and penalty imposed or other disposition of the case.

### ITEM 4. NATURE, SOURCE AND AMOUNT OF CONSIDERATION

- (a) Describe the nature, source and amount of funds or other considerations used or to be used in effecting the merger or other acquisition of control. If any part of the same is represented or is to be represented by funds or other consideration borrowed or otherwise obtained for the purpose of acquiring, holding or trading securities, furnish a description of the transaction, the names of the parties thereto, the relationship, if any, between the borrower and the lender, the amounts borrowed or to be borrowed, and copies of all agreements, promissory notes and security arrangements relating thereto.
- (b) Explain the criteria used in determining the nature and amount of such consideration.

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(c) If the source of the consideration is a loan made in the lender's ordinary course of business and if the applicant wishes the identity of the lender to remain confidential, he must specifically request that the identity be kept confidential.

### ITEM 5. FUTURE PLANS OF INSURER

Describe any plans or proposals which the applicant may have to declare an extraordinary dividend, to liquidate such insurer, to sell its assets to or merge it with any person or persons or to make any other material change in its business operations or corporate structure or management.

### ITEM 6. VOTING SECURITIES TO BE ACQUIRED

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State the number of shares of the insurer's voting securities which the applicant, its affiliates and any person listed in Item 34 plan to acquire, and the terms of the offer, request, invitation, agreement or acquisition, and a statement as to the method by which the fairness of the proposal was arriveddetermined.

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### ITEM 7. OWNERSHIP OF VOTING SECURITIES

State the amount of each class of any voting security of the insurer which is beneficially owned or concerning which there is a right to acquire beneficial ownership by the applicant, its affiliates or any person listed in Item 34.

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# ITEM 8. CONTRACTS, ARRANGEMENTS, OR UNDERSTANDINGS WITH RESPECT—TO VOTING SECURITIES OF THE INSURER

Give a full description of any contracts, arrangements or understandings with respect to any voting security of the insurer in which the applicant, its affiliates or any person listed in Item 3½ is involved, including but not limited to transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits, or the giving or withholding of proxies. Such description shall identify the persons with whom such contracts, arrangements or understandings have been entered.

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### ITEM 9. RECENT PURCHASES OF VOTING SECURITIES

Describe any purchases of any voting securities of the insurer by the applicant, its affiliates or any person listed in Item 34 during the twelve (12) calendar months preceding the filing of this Statement. Include in the description the dates of purchase, the names of the purchasers, and the consideration paid or agreed to be paid therefor. State whether any such shares so purchased are hypothecated.

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### ITEM 10. RECENT RECOMMENDATIONS TO PURCHASE

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Describe any recommendations to purchase any voting security of the insurer made by the applicant, its affiliates or any person listed in Item 34, or by anyone based upon interviews or at the suggestion of the applicant, its affiliates or any person listed in Item 34 during the twelve (12) calendar months preceding the filing of this Statement.

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### ITEM 11. AGREEMENTS WITH BROKER-DEALERS

Describe the terms of any agreement, contract or understanding made with any broker-dealer as to solicitation of voting securities of the insurer for tender and the amount of any fees, commissions or other compensation to be paid to broker-dealers with regard thereto.

### ITEM 12. FINANCIAL STATEMENTS AND EXHIBITS

(a) Financial statements—and exhibits, exhibits, and three (3) year financial projections of the insurer(s) shall be attached to this Statement as an appendix, but list under this item the financial statements and exhibits so attached.

(b) The financial statements shall include the annual financial statements of the persons identified in Item 23(c) for the preceding five (5) fiscal years (or for such lesser period as such applicant and its affiliates and any predecessors thereof shall have been in existence), and similar information covering the period from the end of such person's last fiscal year, if the information is available. The statements may be prepared on either an individual basis, or, unless the Commissioner otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business.

The annual financial statements of the applicant shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the applicant and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the applicant is an insurer which is actively engaged in the business of insurance, the financial statements need not be certified, provided they are based on the Annual Statement of such person filed with the insurance department of the person's domiciliary state and are in accordance with the requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of the state.

(c) File as exhibits copies of all tender offers for, requests or invitations for, tenders of, exchange offers for, and agreements to acquire or exchange any voting securities of the insurer and (if distributed) of additional soliciting material relating thereto, any proposed employment, consultation, advisory or management contracts concerning the insurer, annual reports to the stockholders of the insurer and the applicant for the last two (2) fiscal years, and any additional documents or papers required by Form A or Sections 5 and 7 of this Rule-and-Regulation.

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### ITEM 13. AGREEMENTS FOR ENTERPRISE RISK MANAGEMENT

|   | Agency #054.00   |   |
|---|--|---|
| Applicant agrees to provide, to the best of its known Form F within fifteen (15) days after the end of occurs.  |  | Formatted: Header                       |
| ITEM 14. SIGNATURE AND CERTIFICATION  | TION   | Formatted: Font: Times New Roman, 12 pt |
| Signature and certification required as follows:  |  |   |
|   |  |   |
| SIGNAT  | URE  | Formatted: Font: Times New Roman, 12 pt |
| Pursuant to the requirements of Ark. Code Ann.  | §§ 23-63-506 — 23-63-513   | Formatted: Font: Times New Roman, 12 pt |
| has caused this application to be duly signed on its State of on the day of   | behalf in the City of and  | Formatted: Font: Times New Roman, 12 pt |
| State of on the day of  | , (Year)   |   |
| (SEAL) Attest:  | Name of Applicant  BY (Name) (Title)   |   |
| (Signature of Officer)  | (Title)  |   |
| CERTIFIC  | ATION  |   |
| ; that (s)he is the (Title of company and that (s)he is authorized to execute a that (s)he is familiar with such instrument and the forth are true to the best of his/her knowledge, info | d on behalf of (Name of Applicant) of Officer) of such and file the instrument. Deponent further says contents thereof, and that the facts therein set formation and belief. |   |
| (Sign   | nature)  |   |
| (Type or print name be  | neath)   |   |

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|   | <b>4</b>   | Formatted: Header                                     |
| RULE-AND REGULATION 15  | ``,,       | Formatted: Font: Times New Roman, 12 pt, Underline    |
| FORM B INSURANCE HOLDING COMPANY SYSTEM                             |            | Formatted: Font: Times New Roman, 12 pt,<br>Underline |
| REGISTRATION STATEMENT  |            | Formatted: Font: Times New Roman, 12 pt               |
| Filed with the Insurance Department of the State of                 | _          |   |
| Ву  |            |   |
| Name of Registrant  |            |   |
| On Behalf of Following Insurance Companies                          |            |   |
| Name Address  |            |   |
|   |            |   |
| Date:, (Year)   |            |   |
| Name, Title, Address and telephone number of Individuals to whom No | otices and |   |
| Correspondence Concerning This Statement Should be Addressed:       |            |   |
|   |            |   |
| FORM-B  |            |   |
| ITEM 1 IDENTITY AND CONTROL OF REGISTRANT                           |            | Formatted: Font: Times New Poman, 12 nt               |

Furnish the exact name of each insurer registering or being registered (hereinafter called "the Registrant"), the home office address and principal executive offices of each; the date on which each Registrant became part of the insurance holding company system; and the method(s) by which control of each Registrant was acquired and is maintained.

### ITEM 2. ORGANIZATIONAL CHART

Furnish a chart or listing clearly presenting the identities of and interrelationships among all affiliated persons within the insurance holding company system. No affiliate need be shown if its total assets are equal to less than 1/2 of 1% (one percent) of the total assets of the ultimate controlling person within the insurance holding company system. The chart or listing should show the percentage of each class of voting securities of each affiliate which is owned, directly or indirectly, by another affiliate. If control of any person within the system is maintained other

than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate the type of organization (e.g., - corporation, trust, partnership) and the state or other jurisdiction of domicile.

### ITEM 3. THE ULTIMATE CONTROLLING PERSON

As to the ultimate controlling person in the insurance holding company system, furnish the following information:

- (a) Name:
- (b) Home office address;
- (c) Principal executive office address:
- (d) The organizational structure of the person, i.e., corporation, partnership, individual, trust, etc.;
- (e) The principal business of the person;
- (f) The name and address of any person who holds or owns ten percent (10%) or more of any class of voting security, the class of such security, the number of shares held of record or known to be beneficially owned, and the percentage of class so held or owned; and
- (g) If court proceedings involving a reorganization or liquidation are pending, indicate the title and location of the court, the nature of proceedings and the date when commenced.

### ITEM 4. BIOGRAPHICAL INFORMATION

FurnishIf the ultimate controlling person is a corporation, an organization, a limited liability-company, or other legal entity, furnish the following information for the directors and executive officers of the ultimate controlling person: the individual's individual's name and address, his or her-other principal occupation and all offices and positions held during the past five (5) years, and any conviction of crimes other than minor traffic violations during the past ten (10) years. If the ultimate controlling person is an individual, furnish the individual's name and address, his or her principal occupation and all offices and positions held during the past five (5) years, and any conviction of crimes other than minor traffic violations.

### ITEM 5. TRANSACTIONS AND AGREEMENTS

Briefly describe the following agreements in force, and transactions currently outstanding or which have occurred during the last calendar year between the Registrant and its affiliates:

- (1) loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the Registrant or of the Registrant by its affiliates;
- (2) purchases, sales or exchanges of assets;
- (3) transactions not in the ordinary course of business;
- (4) guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the Registrant's assets to liability, other than insurance contracts entered into in the ordinary course of the Registrant's business;
- (5) all management agreements, service contracts and all cost-sharing arrangements;
- (6) reinsurance agreements;
- (7) dividends and other distributions to shareholders;

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- (8) consolidated tax allocation agreements; and
- (9) any pledge of the Registrant's stock and/or of the stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system.

No information need be disclosed if such information is not material for purposes of Ark. Code Ann. § 23-63-514(c).

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Sales, purchases, exchanges, loans or extensions of credit, investments or guarantees involving one-half of 4% one percent (0.5%) or less of the Registrant's admitted assets as of the 31st day of December next preceding shall not be deemed material.

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The description shall be in a manner as to permit the proper evaluation thereof by the Commissioner, and shall include at least the following: the nature and purpose of the transaction, the nature and amounts of any payments or transfers of assets between the parties, the identity of all parties to such transaction, and relationship of the affiliated parties to the Registrant.

### ITEM 6. LITIGATION OR ADMINISTRATIVE PROCEEDINGS

A brief description of any litigation or administrative proceedings of the following types, either then pending or concluded within the preceding fiscal year, to which the ultimate controlling person or any of its directors or executive officers was a party or of which the property of any such person is or was the subject; give the names of the parties and the court or agency in which the litigation or proceeding is or was pending:

- (a) Criminal prosecutions or administrative proceedings by any government agency or authority which may be relevant to the trustworthiness of any party thereto; and
- (b) Proceedings which may have a material effect upon the solvency or capital structure of the ultimate holding company including, but not necessarily limited to, bankruptcy, receivership or other corporate reorganizations.

### ITEM 7. STATEMENT REGARDING PLAN OR SERIES OF TRANSACTIONS

The insurer shall furnish a statement that transactions entered into since the filing of the prior registration statement are not part of a plan or series of like transactions, the purpose of which is to avoid statutory threshold amounts and the review that might otherwise occur.

### ITEM 8. FINANCIAL STATEMENTS AND EXHIBITS

- (a) Financial statements and exhibits should be attached to this Statement as an appendix, but list under this item the financial statements and exhibits so attached.
- (b) The financial statements shall include the annual financial statements of the ultimate controlling person in the insurance holding company system as of the end of the person's latest fiscal year.

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|--|--|--|
| If at the time of the initial registration, the annual finan are not available, annual statements for the previous fiscal information shall be filed for any subsequent period to the Such financial statements may be prepared on either Commissioner otherwise requires, on a consolidated by prepared in the usual course of business.  | I year may be filed and similar financial<br>he extent such information is available.<br>or an individual basis, or unless the   | Tormatted. Header  |
| Unless the Commissioner otherwise permits, the a accompanied by the certificate of an independent pu statements present fairly the financial position of the ulti of its operations for the year then ended, in conformi principles or with requirements of insurance or othe permitted under law. If the ultimate controlling person is the business of insurance, the annual financial statements based on the Annual Statement of such insurer filed insurer's domiciliary state and are in accordance with a accounting principles prescribed or permitted under the latest controlling permitted under the latest | blic accountant to the effect that the imate controlling person and the results ty with generally accepted accounting r accounting principles prescribed or an insurer which is actively engaged in need not be certified, provided they are with the insurance department of the requirements of the insurance or other |  |
| (c) Exhibits shall include copies of the latest annual controlling person and proxy material used by the ultimat documents or papers required by Form B or Sections 5 and  | e controlling person; and any additional   | Formatted: Font: Times New Roman, 12 pt  Formatted: Font: Times New Roman, 12 pt |
|  | d 7 of this Rule and Regulation.   | Pormatted. Forth. Times New Roman, 12 pt   |
| ITEM 9. FORM C REQUIRED  |  |  |
| A Form C, Summary of Registration Statement, must be p   | prepared and filed with this Form B.   |  |
| ITEM 10. SIGNATURE AND CERTIFICATION   |  |  |
| Signature and certification required as follows:   |  |  |
| SIGNATURE  |  |  |
|  | 2.514  |  |
| Pursuant to the requirements of Ark. Code Ann. § 23-6 has caused this registration statement to be duly s  | igned on its behalf in the City of   | Formatted: Font: Times New Roman, 12 pt Formatted: Font: Times New Roman, 12 pt  |
| and State of   |  | Tornacted: Total Times New Roman, 12 pt  |
| (Year)   |  |  |
| Nam  | e of Registrant  |  |
| (SEAL)   |  |  |
| BY_  | (Name) (Title)   |  |
| Attest:  | (Time)   |  |
|  |  |  |
| (Signature of Officer)   | (Title)  |  |

| Agency #054.00   | Formatted: Header                       |
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| CERTIFICATION  | Formatted: Font: Times New Roman, 12 pt |
| The undersigned deposes and says that (s)he has duly executed the attached registration statement dated, (Year), for and on behalf of (Name of Registrant); that (s)he is the (Title of Officer) of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief. |   |
| (Signature)  |   |
| (Type or print name beneath)   |   |

|                        | Agency #054.00 |   |
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| RULE-AND-REGULATION 15 |                | Formatted: Font: Times New Roman, 12 pt |

### FORM C

### SUMMARY OF REGISTRATION STATEMENT

| Filed with the Insu             | rance Department of the State of   |     |
|---------------------------------|--|-----|
|                                 | Name of Registrant   |     |
| On Behalf of the Following Insu | rance Companies  |     |
| Name                            | Address  |     |
|                                 |  |     |
|                                 |  |     |
| Date:                           | , (Year)   |     |
|                                 | telephone number of Individuals to whom Notices is Statement Should be Addressed:  | and |
| conception concerning the       | and the state of t |     |
|                                 |  |     |
|                                 |  |     |

Furnish a brief description of all items in the current registration statement which represent changes from the prior registration statement. The description shall be in a manner so as to permit the proper evaluation thereof by the Commissioner, and shall include specific references to Item numbers in the registration statement and to the terms contained therein.

Changes occurring under Item 2 of Form B insofar as changes in the percentage of each class of voting securities held by each affiliate is concerned, need only be included where such changes are ones which result in ownership or holdings of 10 percent or more of voting securities, loss or transfer of control, or acquisition or loss of partnership interest.

Changes occurring under Item 4 of Form B need only be included where: an individual is, for the first time, made a director or executive officer of the ultimate controlling person; a director or executive officer terminates his or her responsibilities with the ultimate controlling person; or in the event an individual is named president of the ultimate controlling person.

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| change shall be included. If a transaction of   | ration statement has been changed, the nature of such lisclosed on the prior registration statement has been and any flow of funds between affiliates resulting  |  |
|   | ransactions entered into since the filing of the prior or series of like transactions whose purpose it is to eview that might otherwise occur.   |  |
| SIGNATURE AND CERTIFICATION   |  | Formatted: Font: Times New Roman, 12 pt,                     |
|   |  | Bold   |
| Signature and certification required as follow  | vs:  | Formatted: Font: Times New Roman, 12 pt Formatted: Justified |
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|   |  |  |
| Pursuant to the requirements of Ark. Code   | Ann. § 23-63-514, the Registrant tement to be duly signed on its behalf in the City of   | Formatted: Font: Times New Roman, 12 pt                      |
|   | on the day of,   |  |
| (Year) .  | on the day or,   |  |
|   |  |  |
|   | Name of Registrant   |  |
| (SEAL)  | Name of Registrant   |  |
| (22.12)   | BY   |  |
|   | (Name) (Title)   |  |
| Attest:   |  |  |
| (Signature of Officer)  | (T'41-)  |  |
| (Signature of Officer)  | (Title)  |  |
| CER   | TIFICATION   |  |
| registration statement dated  (Name of Regist (Title of Officer) of such company and instrument. Deponent further says that (s) | s)he has duly executed the attached summary of, (Year), for and on behalf of rant); that (s)he is the that (s)he is authorized to execute and file such ne is familiar with such instrument and the contents re true to the best of his/her knowledge, information |  |
|   | (Signature)  |  |
| (Type or print na   | me beneath)  |  |

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| RULE AND REGULATION 15  | Formatted: Font: Times New Roman, 12 pt                  |
| FORM D  |  |
| PRIOR NOTICE OF A TRANSACTION   |  |
| Filed with the Insurance Department of the State of   |  |
| Ву  |  |
| Name of Registrant  |  |
| On Behalf of the Following Insurance Companies  |  |
| Name Address  |  |
|   |  |
|   |  |
|   |  |
| Date:, (Year)   | <del></del>  |
| Name, Title, Address and telephone number of Individuals to whom Notice and Correconcerning This Statement Should be Addressed: | espondence   |
| - Statement Should be Addressed.  |  |
|   |  |
| ITEM 1. IDENTITY OF PARTIES TO TRANSACTION  |  |
|   | Formatted: Font: Times New Roman, 12 pt, No underline    |
| Furnish the following information for each of the parties to the transaction:   | Formatted: Font: Times New Roman, 12 pt                  |
| (a) Name:   | Formatted: Font: Times New Roman, 12 pt, No underline    |
|   | Formatted: Font: Times New Roman, 12 pt                  |
| (b) Home office address:  | Formatted: Font: Times New Roman, 12 pt,<br>No underline |
| (c) Principal executive office address:   | Formatted: Font: Times New Roman, 12 pt                  |
| (d) The organizational structure, i.e. corporation, partnership, individual, trust, etc   | Formatted: Font: Times New Roman, 12 pt,                 |
| (   | Formatted: Font: Times New Roman, 12 pt                  |
|   | Formatted: Font: Times New Roman, 12 pt                  |
| (e) A description of the nature of the parties' business operations:  | Formatted: Font: Times New Roman, 12 pt,<br>No underline |

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- Relationship, if any, of other parties to the transaction to the insurer filing the notice, including any ownership or debtor/creditor interest by any other parties to the transaction in the insurer seeking approval, or by the insurer filing the notice in the affiliated parties; and
- (g) Where the transaction is with a non-affiliate, the name(s) of the affiliate(s) which will receive, in whole or in substantial part, the proceeds of the transaction.

#### DESCRIPTION OF THE TRANSACTION ITEM 2.

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Furnish the following information for each transaction for which notice is being given:

A statement as to whether notice is being given under Ark. Code Ann. § 23-63-515(a)(2)(A), (B), (C), (D), or (E).

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- A statement of the nature of the transaction.
- (e(c) A statement of how the transaction meets the "fair and reasonable" standard of Ark, Code Ann. § 23-63-515(a)(1)(A).
- The proposed effective date of the transaction.

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### ITEM 3. SALES, PURCHASES, EXCHANGES, LOANS, EXTENSIONS CREDIT, -GUARANTEES OR INVESTMENTS

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Furnish a brief description of the amount and source of funds, securities, property or other

consideration for the sale, purchase, exchange, loan, extension of credit, guarantee, or investment, whether any provision exists for purchase by the insurer filing notice, by any party to the transaction, or by any affiliate of the insurer filing notice, a description of the terms of any securities being received, if any, and a description of any other agreements relating to the transaction such as contracts or agreements for services, consulting agreements and the like. If the transaction involves other than cash, furnish a description of the consideration, its cost and its fair market value, together with an explanation of the basis for evaluation.

If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount which the insurer will be obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual of or deferral of interest.

If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment, guarantee or other arrangement will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the maximum amount which can at any time be outstanding or for which the insurer can be legally obligated under the loan, extension of credit or guarantee is less

than (a) in the case of non-life insurers, the lesser of three percent (3%) of the insurer's admitted assets or twenty-five percent (25%) of surplus as regards policyholders or, (b) in the case of life insurers, three percent (3%) of the insurer's admitted assets, each as of the 31st day of December next preceding.

### ITEM 4. LOANS OR EXTENSIONS OF CREDIT TO A NON-AFFILIATE

If the transaction involves a loan or extension of credit to any person who is not an affiliate, furnish a brief description of the agreement or understanding whereby the proceeds of the proposed transaction, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase the assets of, or to make investments in, any affiliate of the insurer making such loans or extensions of credit, and specify in what manner the proceeds are to be used to loan to, extend credit to, purchase assets of or make investments in any affiliate. Describe the amount and source of funds, securities, property or other consideration for the loan or extension of credit and, if the transaction is one involving consideration other than cash, a description of its cost and its fair market value together with an explanation of the basis for evaluation. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the loan or extension of credit is one which equals less than, in the case of non-life insurers, the lesser of three percent (3%) of the insurer's admitted assets or twenty-five percent (25%) of surplus as regards policyholders or, with respect to life insurers, three percent (3%) of the insurer's admitted assets, each as of the 31st day of December next preceding.

### ITEM 5. REINSURANCE

If the transaction is a reinsurance agreement or modification thereto, as described by Ark. Code Ann. §\_23-63-515(a)(2)(C), furnish a description of the known and/or estimated amount of liability to be ceded and/or assumed in each calendar year, the period of time during which the agreement will be in effect, and a statement whether an agreement or understanding exists between the insurer and non-affiliate to the effect that any portion of the assets constituting the consideration for the agreement will be transferred to one or more of the insurer's affiliates. Furnish a brief description of the consideration involved in the transaction, and a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given for reinsurance agreements or modifications thereto if the reinsurance premium or a change in the insurer's liabilities, or the projected reinsurance premium or change in the insurer's liabilities in any of the next three (3) years, in connection with the reinsurance agreement or modification thereto is less than five percent (5%) of the insurer's surplus as regards policyholders, as of the 31st day of December next preceding.

## ITEM 6. MANAGEMENT AGREEMENTS, SERVICE AGREEMENTS AND COST-SHARING ARRANGEMENTS

For management and service agreements, furnish:

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|--------------|--|----------------------------|----------------------------|---|
| (a)          | A brief description of the managerial respon   | nsibilities, or services   | •                          | Formatted: Header                       |
| (b)          | A brief description of the agreement, included brief descriptions of the basis for compensation is to be made.                               |                            |                            |   |
| For c        | cost-sharing arrangements, furnish:  |                            |                            |   |
| (a)          | A brief description of the purpose of the agr  | reement;                   |                            |   |
| (b)          | A description of the period of time during w   | hich the agreement         | is to be in effect;        |   |
| (c)          | A brief description of each party's expenses   | or costs covered by        | the agreement; and         | Formatted: Font: Times New Roman, 12 pt |
| (d)<br>unde  | A brief description of the accounting basis r the agreement-:  | s to be used in calc       | ulating each party's costs |   |
| (e)<br>surpl | A brief statement as to the effect of the us:  | transaction upon tl        | he insurer's policyholder  |   |
| cost,        | A statement regarding the cost allocation ges are based on "cost or market." If market including justification for the company's smable; and | based, rationale for       | using market instead of    |   |
| (g)          | A statement regarding compliance with the  | e NAIC Accounting          | Practices and Procedure    |   |
| <u>Manı</u>  | ual regarding expense allocation.  |                            |                            | Formatted: Font: Times New Roman, 12 pt |
| ITEN         | M 7. SIGNATURE AND CERTIFICAT  | ΓΙΟΝ                       |                            |   |
|              | Signature and certification  | required as follows        | :                          |   |
|              | SIGNATU  |                            | •                          |   |
| Pursu        | ant to the requirements of Ark. Code Ann. § e to be duly signed on its behalf in the day of  | City of                    | and State of               |   |
|              | (SEAL)   | Name of Applicant BY(Name) | (Title)                    |   |
| Attes        | st:  |                            |                            |   |
| (Sig         | gnature of Officer)  | (Titl                      | (e)                        |   |

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| CERTIFICATION  |                   |
| The undersigned deposes and says that (s)he has duly executed the attached statement dated, (Year), for and on behalf of (Name of Applicant); that (s)he is the (Title of Officer) of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief. |                   |
| (Signature)  |                   |
| (Type or print name beneath)   |                   |

|  | Agency #054.00  |    |  |
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|  | 11golloy #031.00  | 4  | Formatted: Header  |
| RULE-AND-REGULA  | TION 15   |    | Formatted: Font: Times New Roman, 12 pt  |
| FORM E   |   |    |  |
| PRE-ACQUISITION NOTIFI<br>REGARDING THE POTENTIAL CO<br>OF A PROPOSED MERGER OR<br>NON-DOMICILIARY INSURER DOI<br>STATE OR BY A DOMEST | DMPETITIVE IMPACT<br>ACQUISITION BY A<br>ING BUSINESS IN THIS |    | Formatted: Font: Times New Roman, 12 pt  |
| Name of Applica  | ant   |    |  |
| Name of Other Person<br>In Merger or Acqui   |   |    |  |
| Filed with the Insurance Department of the   | e State of  |    |  |
| Dated:,  | (Year)  |    |  |
| Name, Title, Address and Telephone Number of Person  |   |    |  |
|  |   |    |  |
|  |   |    |  |
|  |   |    |  |
|  |   |    |  |
|  |   |    |  |
| ITEM 1. NAME AND ADDRESS   |   |    |  |
| State the names and addresses of the persons who hereb pending acquisition or change in corporate control.                             | y provide notice of their involvement in                      | a  |  |
| ITEM 2. NAMES AND ADDRESSES OF AFFI  | LIATED COMPANIES  |    |  |
| State the names and addresses of the persons affiliated affiliations.  | with those listed in Item 1. Describe the                     | ir |  |
| ITEM 3. NATURE AND PURPOSE OF ACQUISITION  |   | R  | Formatted: Font: Times New Roman, 12 pt  |
| ACQUISITION  |   |    | The second series with the second series and series |
| State the nature and purpose of the proposed merger or   | acquisition.  |    |  |
| ITEM 4. NATURE OF BUSINESS   |   |    |  |
| State the nature of the business performed by each of the and Item 2.  | e persons identified in response to Item                      | 1  |  |

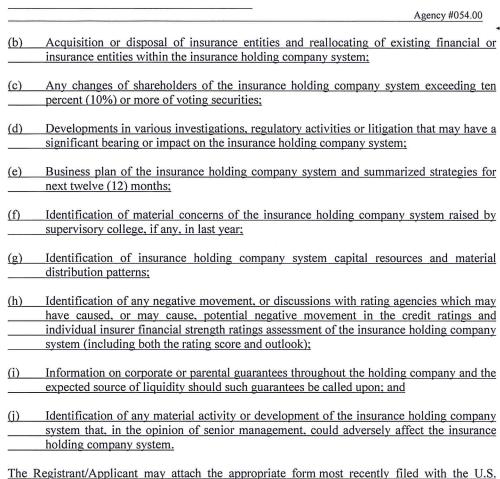
| Agency #054.00  |  |
|---|--|
| <b>4</b>  | Formatted: Header                                |
| ITEM 5. MARKET AND MARKET SHARE   | Formatted: Font: Times New Roman, 12 pt,<br>Bold |
| State specifically what market and market share in each relevant insurance market the persons   | Formatted: Font: Times New Roman, 12 pt          |
| identified in Item 1 and Item 2 currently enjoy in this state. Provide historical market and market   |  |
| share data for each person identified in Item 1 and Item 2 for the past five (5) years and identify   |  |
| the source of such data. Provide a determination as to whether the proposed acquisition or  |  |
| merger, if consummated, would violate the competitive standards of the state as stated in Ark.  |  |
| Code Ann. § 23-63-528. If the proposed acquisition or merger would violate competitive  |  |
| standards, provide justification of why the acquisition or merger would not substantially lessen  |  |
| competition or create a monopoly in the state.  | Formatted: Font: Times New Roman, 12 pt          |
| line of business as contained in the annual statement required to be filed by insurers licensed to do business in this state. Under §Ark. Code Ann. § 23-63-525(1) "acquisition" is defined to include acquisition of assets, bulk reinsurance and mergers, as well as a change in control.   | Formatted: Font: Times New Roman, 12 pt          |
|   | Formatted: Font: Times New Roman, 12 pt          |
| CERTIFICATION   |  |
| The undersigned deposes and says that (s)he has duly executed the attached pre-acquisition notification dated, (Year), for and on behalf of (Name of Applicant); that (s)he is the (Title of Officer) of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief. |  |
| (Signature)   |  |
| (Type or print name above)  |  |

| Agency #054.00  |                   |
|---|-------------------|
| FORM F  | Formatted: Header |
| ENTERPRISE RISK REPORT  |                   |
| Filed with the Insurance Department of the State of   |                   |
| $\underline{\mathrm{B}}\mathrm{y}$  |                   |
| Name of Registrant/Applicant  |                   |
| On Behalf of/Related to Following Insurance Companies   |                   |
| Name Address  |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| <u>Date:</u> , 20   |                   |
| Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:   |                   |
|   |                   |
|   |                   |
|   |                   |
| ITEM 1. ENTERPRISE RISK   |                   |
| The Registrant/Applicant, to the best of its knowledge and belief, shall provide information regarding the following areas that could produce enterprise risk as defined in Ark. Code Ann & |                   |

23-63-503(9), provided such information is not disclosed in the Insurance Holding Company System Annual Registration Statement filed on behalf of itself or another insurer for which it is

(a) Any material developments regarding strategy, internal audit findings, compliance or risk management affecting the insurance holding company system;

the ultimate controlling person:



The Registrant/Applicant may attach the appropriate form most recently filed with the U.S. Securities and Exchange Commission, provided the Registrant/Applicant includes specific references to those areas listed in Item 1 for which the form provides responsive information. If the Registrant/Applicant is not domiciled in the U.S., it may attach its most recent public audited financial statement filed in its country of domicile, provided the Registrant/Applicant includes specific references to those areas listed in Item 1 for which the financial statement provides responsive information.

### ITEM 2: OBLIGATION TO REPORT

If the Registrant/Applicant has not disclosed any information pursuant to Item 1, the Registrant/Applicant shall include a statement affirming that, to the best of its knowledge and belief, it has not identified enterprise risk subject to disclosure pursuant to Item 1.

| Agency #054.00  |          |   |
|---|----------|---|
|   | <b>4</b> | Formatted: Header                       |
| <u>CERTIFICATION</u>  |          |   |
| The undersigned deposes and says that (s)he has duly executed the attached pre-acquisition          | n        |   |
| notification dated , (Year) , for and on behalf o   | f        |   |
| (Name of Applicant); that (s)he is the (Titl  | e        |   |
| of Officer) of such company and that (s)he is authorized to execute and file such instrument        |          |   |
| Deponent further says that (s)he is familiar with such instrument and the contents thereof, and     |          |   |
| that the facts therein set forth are true to the best of his/her knowledge, information and belief. |          |   |
| (Signature)   |          |   |
| (Type or print name above)  |          |   |
|   |          |   |
|   |          |   |
|   |          |   |
| <b>A</b>  |          | Formatted: Font: Times New Roman, 12 pt |