

**Montana Commissioner of Securities and Insurance**  
**Office of the State Auditor**  
**840 Helena Avenue**  
**Helena, MT 59601**  
**406-444-2040 – 800-332-6143**  
<http://csimt.gov>

Date:  
Company Name:  
Contact Person:  
Direct Phone Number:

Re: Merger

This form briefly outlines the necessary filings this office requires to accomplish the change. Please supply the following items:

1. File an explanatory cover letter.
2. File duly executed copies of the agreement to merge.
3. File a copy of the Order of Hearing or Approval of this transaction, issued by the insurance department(s) of the domiciliary state(s) involved.
4. Surrender the Montana Certificate of Authority for non-surviving company for cancellation.

If you have any questions please contact 406-444-2040.