



**Monica J. Lindeen**

Commissioner of Securities & Insurance  
Montana State Auditor  
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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.*