

STATE OF MONTANA  <b>COMMISSIONER OF SECURITIES &amp; INSURANCE</b> Office of the Montana State Auditor PO BOX4009 HELENA, MT 59604 406-444-2040	<b>FORM B</b> <b>INSURANCE HOLDING</b> <b>COMPANY SYSTEM</b> <b>ANNUAL REGISTRATION</b> <b>STATEMENT</b>
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Filed with the Department of Insurance of the state of Montana

By

\_\_\_\_\_

Name of Registrant

On Behalf of Following Insurance Companies

Name      Address

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

**Name, Title, Address, and Telephone Number of Individual to Whom Notices and correspondence Concerning This Statement Should be Addressed:**

\_\_\_\_\_

\_\_\_\_\_

**ITEM 1. IDENTITY AND CONTROL OF REGISTRANT**

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 all 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% of the total assets of the ultimate controlling person within the insurance holding company system unless it has assets valued at or exceeding (insert amount) . 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 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.
- (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**

Furnish the following information for the directors and executive officers of the ultimate controlling person: the individual's name and address, his or her principal occupation, and all offices and positions held during the past five years, and any conviction of crimes other than minor traffic violations during the past ten years.

### **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:

- (a) loans, other investments, or purchases, sales, or exchanges of securities of the affiliates by the registrant or of the registrant by its affiliates;
- (b) purchases, sales, or exchanges of assets;
- (c) transactions not in the ordinary course of business;
- (d) 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;
- (e) all management agreements, service contracts, and all cost-sharing arrangements;
- (f) reinsurance agreements;
- (g) dividends and other distributions to shareholders;
- (h) consolidated tax allocation agreements; and
- (i) 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 Section 4 of the Act.

Sales, purchases, exchanges, loans or extensions of credit, investments or guarantees involving one-half of 1% or less of the registrant's admitted assets as of the 31st day of December next preceding are not deemed material. (Note: Commissioner may by rule or order provide otherwise.)

The description must 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 such 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 year's annual 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 must 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.

If at the time of the initial registration, the annual financial statements for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information must be filed for any subsequent period to the extent such information is available. Such financial 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.

Unless the commissioner otherwise permits, the annual financial statements must be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the ultimate controlling person 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 ultimate controlling person is an insurer which is actively engaged in the business of insurance, the annual financial statements need not be certified, provided they are based on the Annual Statement of such insurer filed with the insurance department of the insurer's domiciliary state and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of such state.

- (c) Exhibits must include copies of the latest annual reports to shareholders of the ultimate controlling person and proxy material used by the ultimate controlling person; and any additional documents or papers required by Form B or Regulation Sections 4 and 6.

**ITEM 9. FORM C (TO BE FILED WITH FORM 8)**

A Form C, Summary of Registration Statement, must be prepared and filed with this Form B.

**ITEM 10. SIGNATURE AND CERTIFICATION**

Signature and certification required as follows:

SIGNATURE

Pursuant to the requirements of section 33-2-1111, MCA, \_\_\_\_\_  
has caused this notice to be duly signed on its behalf in the city of \_\_\_\_\_  
and state of \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 20

(SEAL) \_\_\_\_\_  
Name of Applicant

By \_\_\_\_\_  
(Name) (Title)

Attest:

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

CERTIFICATION

The undersigned certifies that (s)he has duly executed the attached notice dated \_\_\_\_\_, 20\_\_\_\_, for and on behalf of \_\_\_\_\_

(Name of Applicant)

That (s)he is the \_\_\_\_\_ of such company and that (s)he  
(Title of officer)

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)  
\_\_\_\_\_

<p>STATE OF MONTANA</p> <p><b>COMMISSIONER OF SECURITIES &amp; INSURANCE</b></p> <p>Office of the Montana State Auditor          PO BOX 4009          HELENA, MT 59604          406-444-2040</p>	<p><b>FORM C</b></p> <p><b>SUMMARY OF</b></p> <p><b>REGISTRATION</b></p> <p><b>STATEMENT</b></p>
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Filed with the Department of Insurance of the state of Montana

By

\_\_\_\_\_

Name of Registrant

On Behalf of Following Insurance Companies

Name	Address
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_____
_____
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Date: \_\_\_\_\_, 20\_\_

**Name, Title, Address, and Telephone Number of Individual to Whom Notices and correspondence Concerning This Statement Should be Addressed:**

\_\_\_\_\_

\_\_\_\_\_

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

If a transaction disclosed on the prior year's annual registration statement has been changed, the nature of such change shall be included. If a transaction disclosed on the prior year's annual registration statement has been effectuated, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.

The insurer must furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose is to avoid statutory threshold amounts and the review that might otherwise occur.

Signature and certification required as follows:

#### SIGNATURE

Pursuant to the requirements of section 33-2-1111, MCA, \_\_\_\_\_  
has caused this notice to be duly signed on its behalf in the city of \_\_\_\_\_  
and state of \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_

(SEAL) \_\_\_\_\_  
Name of Applicant

By \_\_\_\_\_  
(Name) (Title)

Attest:

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

#### CERTIFICATION

The undersigned certifies that (s)he has duly executed the attached notice dated  
\_\_\_\_\_, 20\_\_, for and on behalf of \_\_\_\_\_

(Name of Applicant)

That (s)he is the \_\_\_\_\_ of such company and that (s)he  
(Title of officer)

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)

\_\_\_\_\_