



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

**INSTRUCTIONS FOR THE COMPLETION OF THE
PRE-ACQUISITION NOTIFICATION FORM**

TITLE PAGE

Prepare Form E Pre-Acquisition Notification Form with a proper title page as follows:

FORM E

**PRE-ACQUISITION NOTIFICATION FORM
REGARDING THE POTENTIAL COMPETITIVE IMPACT
OF A PROPOSED MERGER OR ACQUISITION BY A
NON-DOMICILIARY INSURER DOING BUSINESS IN THIS
STATE OR BY A DOMESTIC INSURER**

[Name of Applicant]

[Name of other person involved in merger or acquisition]

Filed with the Department of Insurance and Financial Institutions of the State of Arizona

Date:

Name, title, address and telephone number of completing this statement:

ITEM 1 NAME AND ADDRESS

State the name and addresses of the persons who hereby provide notice of their involvement in a pending acquisition or change in corporate control.

ITEM 2 NAME AND ADDRESSES OF AFFILIATED COMPANIES

State the name and addresses of the persons affiliated with those listed in Item 1. Describe their affiliations.

ITEM 3 NATURE AND PURPOSE OF THE PROPOSED MERGER OR ACQUISITION

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 persons identified in response to Item 1 and Item 2.

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ITEM 5 MARKET AND MARKET SHARE

State specifically what market and market share in each relevant insurance market the persons 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 years and identify the source of the 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 A.R.S. § 20-481.25(D). 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.

For purposes of this question, market means direct written insurance premium in this state for a line of business as contained in the annual statement required to be filed by insurers licensed to do business in this state.

SIGNATURE AND CERTIFICATION

Signature and certification required as follows:

SIGNATURE

Pursuant to the requirements of A.R.S. § 20-481.25(C), Applicant has caused this pre-acquisition notification 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 deposes and says that (s)he has duly executed the attached pre-acquisition notification dated _____, 20_____, for and on the behalf of _____;
(Name of Applicant)

that (s)he is the _____ of such company and that (s)he is
(Title of Officer)

authorized to execute and file such instrument. Deponent further says that (s)he is familiar with the 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)