

**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**

**By**

\_\_\_\_\_  
**Name of Other Person Involved in Merger or Acquisition**

**Filed with the Insurance Division of the Vermont Department of Financial Regulation**

**Dated: \_\_\_\_\_, 20\_\_**

Name, Title and Address and Telephone Number of Person Completing this Statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEM 1. NAME AND ADDRESS**

State the names 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 names 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.

**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 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 8 V.S.A. § 3683a(d) of the Act. 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.

**ITEM 6. SIGNATURE AND CERTIFICATION**

Signature and certification of the following form:

**SIGNATURE**

Pursuant to the requirements of 8 V.S.A. § 3683a and Regulation 71-2 (Revised),

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

has caused this application 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 he/she has duly executed the attached application dated \_\_\_\_\_, 20\_\_\_\_, for and on behalf of \_\_\_\_\_; that he/she is (Name of Applicant) the \_\_\_\_\_ of such company, and that he/she is authorized (Title of Officer) to execute and file such instrument. Deponent further says that he/she 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)