# FORM E

## PRE-ACQUISITION NOTIFICATION STATEMENT OF THE POTENTIAL COMPETITIVE IMPACT OF A PROPOSED MERGER OR ACQUISITION

(Name of Insurer)
BY: (Name of Acquiring Persons)

Filed with the Insurance Department of the Commonwealth of Pennsylvania
Date:
Name, title, address and telephone number of person completing this statement:

***Item 1. Name and Address***

State the names and addresses of acquiring persons.

***Item 2. Name and Addresses of Affiliated Persons***

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

***Item 3. Nature and Purpose of 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 the persons identified in Item 1 and Item 2 currently enjoy in this Commonwealth in each insurance market which, under section 1403(b)(2)(v) of the act (40 P. S. § 1403(b)(2)(v)), causes the proposed merger or acquisition not to be exempted from Article XIV of the act. Provide historical market and market share data for each person identified in Item 1 and Item 2 for the past 5 years, or for the number of years the person and any predecessors thereof have been transacting business if less than 5 years, and identify the source of the data.

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

***Item 6. Signature and Certification required as follows:***

**SIGNATURE**

Pursuant to the requirements of Section 1402 of the act, _____ has caused this application to be duly signed on its behalf in the City of _____ and state of _____ on the _____ day of _____, _____.

(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 application dated _____, ____, for and on behalf of ___(Name of Applicant)_____; that (s)he is the __(Title of Officer)_____ of such company and that (s)he 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 above name)