

## **Pre-Acquisition Notification (Form E)**

1. Cover letter should identify type of filing by indicating Form E in the subject line.
2. In accordance with Indiana Code [27-1-23-2.5\(f\)](#), “Before the end of the waiting period, the commissioner, on a one-time basis, may require the submission of additional needed information relevant to the proposed acquisition.” If the Department should have any follow up questions regarding the information provided, please provide confirmation that the Company will waive the “one-time basis” and continue to provide the Department additional information as needed.
3. If there is prima facie evidence that the Company is in violation of the competitive standard set forth in [IC 27-1-23-2.5\(h\)\(A\) or \(B\)](#), it will be requested that the Company submit the opinion of an economist. The opinion needs to include the competitive impact of the acquisition in Indiana and a summary of the education and experience of the economist, indicating the economist’s ability to render an informed opinion.
4. If the filing is made for confirmation of an exemption from Form E filing in accordance with [IC 27-1-23-2.5\(c\)](#), please complete the Form E form and provide a justification for the exemption request.

The information requested in the preceding should be delivered to the following:

Chief Financial Examiner  
Indiana Department of Insurance  
311 West Washington Street, Suite 103  
Indianapolis, Indiana 46204-2787

Any questions may be directed to:

### **Life & Health, Fraternal, HMO & LSHMO**

Amanda Denton  
[adenton@idoi.in.gov](mailto:adenton@idoi.in.gov)  
(317) 232-1369

### **P & C and Title**

Pam Walters  
[pwalters@idoi.in.gov](mailto:pwalters@idoi.in.gov)  
(317) 232-5331

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

Filed with the  
INDIANA INSURANCE COMMISSIONER  
By

\_\_\_\_\_  
Name of Applicant

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

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

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

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

FORM E

- Item 1. 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. State the names and addresses of the persons affiliated with those listed in Item 1. Describe their affiliations.
- Item 3. State the nature and purpose of the proposed merger or acquisition.
- Item 4. State the nature of the business performed by each of the persons identified in response to Item 1 and Item 2.
- Item 5. 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 [IC 27-1-23-2.5](#). 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.