

BROKER CONTROLLED PROPERTY AND CASUALTY INSURERS
INSURER CERTIFICATION FORM

**TO BE COMPLETED BY ALL BROKER CONTROLLED PROPERTY/CASUALTY
INSURERS LICENSED TO TRANSACT BUSINESS IN PENNSYLVANIA PURSUANT TO ARTICLE
XIII OF THE INSURANCE COMPANY LAW (40 P.S. Sections 991.1301-991.1305):**

1. Name & Address of Controlled Insurer:

2. Name & Address of Controlling Broker:

3. Amount of Commission Paid by Controlled Insurer to Controlling Broker During Preceding Calendar Year:

4. Percentage Amount Reported in #3 Represents of Controlled Insurer's Net Premiums Written for that Year:

5. Comparable Amounts and Percentage Paid by Controlled Insurer to Noncontrolling Brokers for Placements of the Same Kinds of Insurance During that Year:

6. Attach an Opinion of an Independent Casualty Actuary reporting loss ratios for each line of business written and attesting to the adequacy of loss reserves established for losses incurred and outstanding as of the end of the preceding calendar year, including incurred but not reported, on business placed by the controlling broker for the controlled insurer.

I hereby certify that the controlled insurer has notified the controlling broker of the requirements of Articles XIII; the written contract between the controlling broker and the insurer has been approved by the board of directors of the insurer and contains at least the minimum provisions required by Article XIII; and the audit committee of the board of directors of the controlled insurer has met with the insurer's management, its independent certified public accountants and independent casualty actuary to review the adequacy of the controlled insurer's loss reserve as reported in the attached opinion.

NAME OF OFFICER OF CONTROLLED INSURER

NOTARY: