Office of Financial
Regulation Services
50 W. Town St., 3rd Fl.
Suite 300
Columbus, OH 43215-4186
(614) 644-2658
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www.insurance.ohio.gov

Ohio Department of Insurance
John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director

*Statement of Actuarial Opinion Exemption Affidavit for Insurance Companies**

(Note: This form is not a request for exemption. Such request should be made to the Department in letter format before December 1 of the year preceding the year due. The Department may deny the request before December 31, if the exemption is deemed inappropriate.)

Bar Code Here

I, THE UNDERSIGNED, HEREBY CERTIFY THAT

_____
(Name of Company)

_____
(Mailing Address)

_____
(City, State, Zip)

_____ _____-_____
(NAIC Number) (Federal ID)

Has received the following indicated exemption from filing a _____ Statement of Actuarial Opinion as permitted by the NAIC Annual Statement instructions. (Year)**

☐ Exemption for Small Company
I certify that the total amount of direct plus assumed premiums written during calendar year _____ was _____, and the total amount of direct plus assumed loss and loss adjustment expense reserves for the year-end _____ was _____.

☐ Exemption for Insurers under Supervision or Conservatorship

☐ Exemption for Nature of Business

☐ Exemption for Financial Hardship
I certify that the projected reasonable cost of the opinion of _____, is greater than the lesser of 1% of September 30, _____ capital and surplus (1% times _____ = _____) or 3% of annualized September 30, _____ direct plus written premiums (3% times _____ times 1.333 = _____).

_____ _____ _____
Signature of Officer Officer Title Date

_____
Notary

* To be filed in lieu of the Actuarial Opinion. This Statement and Affidavit applies to the current filing period only.
** Year must be entered.