



Department of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Statement of Actuarial Opinion Exemption Affidavit for Domestic Title Companies*

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

(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.)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT

(Name of Company)

(Mailing Address)

(City, State, Zip)

(NAIC No.)

(Federal ID No.)

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 Public

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