



Company Name	Federal Employer ID Number
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Schedule of Merger/Acquisition

List the name/address, FEIN and NAIC/License Number of any company included in this return as a result of a merger/acquisition.
Submit copies of this schedule if additional space is needed.

Company Name/Address	FEIN	NAIC/License #

Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Officer	Printed Name	Title	Date
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Preparer's Name	Preparer's Phone Number	Preparer's FEIN/PTIN/SSN	Vendor Code
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By checking this box, I authorize the Department to discuss this return with the preparer listed above.