FORM C

SUMMARY OF CHANGES TO REGISTRATION STATEMENT

Filed with the Insurance Department of the State of					
		By			
		Name of Registrant			
On Behalf of Follo	wing Insurance Cor	npanies			
Name	Address				
Date:		. 20			
		number of Individual to Whom Notices and Correspondence			
	tatement Should Be				

Furnish a brief description of all items in the current annual registration statement which represent changes from the prior year's annual registration statement. The description shall be in a manner as to permit the proper evaluation thereof by the Commissioner, and shall include specific references to Item numbers in the annual registration statement and to the terms contained therein.

Changes occurring under Item 2 of Form B insofar as changes in the percentage of each class of voting securities held by each affiliate is concerned, need only be included where such changes are ones which result in ownership or holdings of 10% or more of voting securities, loss or transfer of control, or acquisition or loss of partnership interest.

Changes occurring under Item 4 of Form B need only be included where an individual is, for the first time, made a director or executive officer of the ultimate controlling person; a director or executive officer terminates his or her responsibilities with the ultimate controlling person; or in the event an individual is named president of the ultimate controlling person.

Insurance Holding Company System Model Regulation with Reporting Forms and Instructions

If a transaction disclosed on the prior year's annual registration statement has been changed, the nature of such change shall be included. If a transaction disclosed on the prior year's annual registration statement has been effectuated, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.

The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose it is to avoid statutory threshold amounts and the review that might otherwise occur.

SIGNATURE AND CERTIFICATION

		on the		of the City of	and
			(SEAL)		
			, , , , , ,	Name of Applicant	
			BY		
				(Name) (Title)	
Attest	:				
Signa	ture of Officer)				
Title)					
CERT	IFICATION				
	_	atement dated		duly executed the attache 0, for and on be is the	ehalf o
		company and that (s)he is authorized	e is the to execute and file such ins	strumen
	•	` ,		instrument and the content f his/her knowledge, inform	

(Signature)____

(Type or print name beneath)_____