CHANGE IN PLAN OF OPERATIONS COMMITMENT

To: Superintendent of Insurance
State of New York Insurance Department ("Insurance Department")

RE: Application for the Licensing of the XYZ Insurance Company

In connection with the above mentioned application, we hereby commit that we will inform the Insurance Department if we plan to make any significant deviations, including entering into new product lines or lines of business, in our Plan of Operations and Financial Projections which were submitted with our application. Further, that upon notification to the Insurance Department of this deviation, we will submit a revised Plan of Operations and Financial Projections and will obtain the Insurance Department's approval prior to making any such deviation.

Applicant **BY:**_____

NAME_____

TITLE_____

Parent corporation **BY:**_____

NAME_____

TITLE_____