

**Private Mortgage Insurer Eligibility Requirements (PMIERS) Exhibit E**  
**Annual Certificate of Compliance with Terms and Conditions of Approval as an Approved Insurer as Required by the PMIERS**

I. General Information	
Approved Insurer Name: _____	Name and Title of Contact Person: _____ (may be different than the name of Authorized Officer below)
Approved Insurer Home Address: _____ _____ _____	Contact Information:  Phone: _____ Fax: _____ Email: _____ Website: _____
Affiliates (include immediate parent company and immediate subsidiaries): [If more space is needed, attach additional pages. Each entity that is an <i>approved insurer</i> must complete a separate certification.]	
Company Name and Mailing Address: _____ _____ _____	Approved Insurer:  Yes                      No
Company Name and Mailing Address: _____ _____ _____	Approved Insurer:  Yes                      No
II. Certification [If more space is needed, attach additional pages.]	
The undersigned hereby certifies that during the period beginning with the first day of the calendar year identified at the top of this form (or beginning on the date during such calendar year when it was first approved as an approved insurer) and ending with December 31 of the identified calendar year:	
Select one	
<input type="checkbox"/> The approved insurer has met all the terms and conditions of approval to be an approved insurer that are encompassed by the <i>Private Mortgage Insurer Eligibility Requirements (PMIERS)</i> . The undersigned further certifies that it has no knowledge of any circumstances that materially affect, or might materially affect, its ability to maintain its status and carry out its responsibilities as an approved insurer.	
<input type="checkbox"/> The approved insurer has not met all the terms and conditions of approval required by the <i>Private Mortgage Insurer Eligibility Requirements (PMIERS)</i> for the following reasons _____ Nevertheless, the undersigned certifies that it has met all of the terms and conditions of a remediation plan reviewed and approved by <i>Freddie Mac</i> .	
<input type="checkbox"/> The approved insurer has not met all the terms and conditions of approval required by the <i>Private Mortgage Insurer Eligibility Requirements (PMIERS)</i> for the following reasons _____ Nevertheless, the undersigned certifies that it is currently discussing, or will soon request an opportunity to discuss, with <i>Freddie Mac</i> a proposed remediation plan to remain an approved insurer, or has requested discussions with <i>Freddie Mac</i> to discuss such a remediation plan.	

The individual executing this document below represents that such person is an officer duly authorized to sign this statement on behalf of the approved insurer and acknowledges that any false statements or misrepresentations may result in the approved insurer being subjected to remediation under Sections 900-901 of the *PMIERs*.

Authorized Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Mortgage Insurer Name: \_\_\_\_\_

Date: \_\_\_\_\_