



NEAL T. GOOCH
Utah Insurance Department
Insurance Commissioner

GARY R. HERBERT
Governor

JAKE W. GARN, CFE, CPA
Examination Division
Chief Financial Examiner

Trusteed Reinsurance
QUALIFICATION CHECK LIST

Company Name _____

Country of Domicile _____
Date Organized _____

NAIC Company # _____
NAIC Group # _____
NAIC Alien # _____

<u>Item</u>	<u>Date Received</u>	<u>Date Approved</u>
1. Application with Fee \$1050	_____	_____
2. Certificate of Compliance from domestic country	_____	_____
3. Evidence that security factor is satisfied	_____	_____
a. Trust Agreement	_____	_____
b. Confirmation from Trustee	_____	_____
4. Annual Statement	_____	_____
5. Certificate of Assuming Insurer (form)	_____	_____
6. List of all jurisdictions	_____	_____
7. Financial Examination Report	_____	_____

ADDITIONAL INFORMATION:

Date Rec'd

Date Approved _____

Date Denied _____ Reason for Denial or withdrawal _____



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APPLICATION INFORMATION FORM
FOR RECOGNITION AS TRUSTEED REINSURER
(\$1000 Fee Required With This Form R590-102-6)
(E-Commerce Fee \$50 R90-102-17)

NAME OF INSURER _____

Administrative Mailing Address: _____

Street _____

P O Box _____

City/State/Zip _____

Telephone Number _____

Annual Statement Contact

Name of person to contact _____

Title _____

Address, if different from above _____

Direct Phone Number _____ - _____ - _____

U S Representative (if applicable) _____

Title _____

Address, if different from above _____

Direct Phone Number _____ - _____ - _____

Date organized _____ Country of Domicile _____

NAIC Number Company _____ Group _____

List date your company was placed on the roster of the International Insurers Department of the NAIC: _____

Is this a subsidiary? If so, list parent company: _____

Is this a parent company? If so, list insurance subsidiaries: _____

List countries in which the company is an admitted, licensed insurer: _____

List states in which company is a recognized Reinsurer: _____



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STATE OF UTAH DEPARTMENT OF INSURANCE

Requirements for an alien insurer seeking Status as a Trusteed Reinsurer in the State of Utah.
Utah Insurance Code 31A-17-404 enclosed.

The following items and statements must accompany your letter of request:

1. **Application for Trusteed Reinsurer** - The reinsurer must be an alien insurer. **Fee is \$1000** plus **\$50** for e-commerce fee which must accompany application.
2. **Certificate of Compliance** - An **original certificate** over the signature and seal of applicant's regulatory authority showing that applicant is duly organized under the laws of such jurisdiction and is authorized to transact the business of insurance, **Clarification of lines of authority if lines of authority are indicated by alphabet or number only**. Certificate must not be older than three months.
3. **TRUST FACTOR** - Evidence that the security factor described in 31A-17-404(6)(a) is satisfied by providing:
 - a. Trust Agreement with initial application
 - b. Changes made to trust agreement for renewal application
 - c. Confirmation from the Trustee disclosing preceding calendar year-end trust balance, summarizing the trust investments at the preceding calendar year-end, and the termination date of the trust, if trust termination is planned, or that the trust shall not expire prior to the next December 31.
4. **Annual Statement** - the most recent filing, including substantially the same information as that required of authorized insurers, on the National Association of Insurance Commissioners Annual Statement form described in Section 31A-4-113 of the Utah Insurance Code. This Statement shall be submitted with the initial application and no later than March 1 of each renewal year. Statement shall have original signatures.
5. **Certificate of Assuming Insurer** - (form enclosed) must include name and address of designated person to whom Commissioner shall forward all legal processes against this company served upon him.
6. **List of all jurisdictions** - A statement listing all jurisdictions in which the applicant has applied for recognized status to conduct a reinsurance business and dates and results of those applications.
7. **Financial Examination Report** - or other report of regulatory authority in which company is authorized.

The Order Granting Status as Trusteed Reinsurer is granted for the period ending March 1 of the subsequent year, subject to annual renewal thereafter following the terms and conditions set forth in the Order. An Invoice will be sent to the reinsurer for renewal. It is the responsibility of the reinsurer to renew the application and submit the documents required in Utah Insurance Code Section 31A-17-404. Renewal Fee is \$300. Annual service fee \$200. E-Commerce Technology fee \$75.

