Accredited Reinsurance

QUALIFICATION CHECKLIST

Company Name

State of Domicile  NAIC Company #  
Date Organized  NAIC Group #

Address

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Received</th>
<th>Date Approved</th>
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<tbody>
<tr>
<td>1. Application with Fee $1,050 ($1,000 Application Fee and $50 E-Commerce Fee)</td>
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<tr>
<td>2. Certificate of Compliance from domestic state</td>
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<td>3. Certificate of Statutory Deposit</td>
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<td>4. Legal Opinion &amp; code section from other state</td>
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<td>5. Certificate of Assuming Insurer</td>
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<td>6. Annual Statement</td>
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<td>7. List of all jurisdictions</td>
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<td>8. Risk Based Capital</td>
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<tr>
<td>9. Financial Examination Report as of</td>
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ADDITIONAL INFORMATION:

Date Rec’d

Date Approved

Date Denied  Reason for Denial or Withdrawal

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APPLICATION INFORMATION FORM
FOR RECOGNITION AS ACCREDITED REINSURER
($1,000 FEE required with this form – R590-102-6)
(E-Commerce fee $50 – R590-102-23)

NAME OF INSURER

Administrative Mailing Address:
Street
PO Box
City/State/Zip
Telephone Number
Fax Number

Annual Statement Contact
Name of person to contact
Title
Address, if different from above
Direct Phone Number
FAX Number
Date organized
State or Country of Domicile
NAIC Number
Company
Group

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

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

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

List states in which company is a recognized Reinsurer:
CERTIFICATE OF ASSUMING INSURER

1. ________________________________________________________________
   ________________________________________________________________
   (Name of officer)                                                   (Title of officer)
   ________________________________________________________________
   (Name of assuming insurer)
   of ________________________________________________________________
   under a reinsurance agreement(s) with one or more insurers domiciled in the State of Utah, hereby
   certify that ______________________________________________________
   (Assuming Insurer)
   ________________________________________________________________
   (Name of assuming insurer)

   1. Submits to the Jurisdiction of any court of competent jurisdiction in the State of Utah for the
      adjudication of any issues arising out of the reinsurance agreement(s), agrees to comply with all
      requirements necessary to give such court jurisdiction, and will abide by the final decision of such
      court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or
      should be understood to constitute a waiver of Assuming Insurer’s rights to commence an action in
      any court of competent jurisdiction in the United States, to remove an action to a United States
      District Court, or to seek a transfer of a case to another court as permitted by the laws of the United
      States or of any state in the United States. This paragraph is not intended to conflict with or override
      the obligation of the parties to the reinsurance agreement(s) to arbitrate their disputes if such an
      obligation is created in the agreement(s).

   2. Designates the Insurance Commissioner of the State of Utah as its lawful attorney upon
      whom may be served any lawful process in any action, suit or proceeding arising out of the
      reinsurance agreement(s) instituted by or on behalf of the ceding insurer. We designate (name &
      complete address) ______________________________________________________ as
      the person to whom the Commissioner shall forward all legal processes against this company
      served upon him.

   3. Submits to the authority of the Insurance Commissioner of the State of Utah to examine its
      books and records and agrees to bear the expense of any such examination.

   4. Submits with this form a current list of insurers domiciled in the State of Utah reinsured by
      Assuming Insurer, and undertakes to submit additions to or deletions from the list to the Insurance
      Commissioner at least once per calendar year.

   Dated: ________________________________________________________________
   (Name of assuming insurer)

   By: ________________________________________________________________
   (Signature of officer)

   ________________________________________________________________
   (Title of officer)

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STATE OF UTAH
DEPARTMENT OF INSURANCE

Requirements for a foreign insurer seeking Status as an Accredited Reinsurer in the State of Utah. Utah Insurance Code 31A-17-404 included.

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

1. **Application for Accredited Reinsurer** - The reinsurer must be an authorized insurer in at least one state which the Utah Commissioner designates by rule or order as having been found to enforce standards regarding credit for reinsurance substantially similar to those applicable under Utah Insurance Code 31A-17-404. **Fee is $1,050** which must accompany application.

2. **Certificate of Compliance** - An original certificate over the signature and seal of applicant’s domestic 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. **Certificate of Statutory Deposit** (Original not dated over three months from date of application.)

4. **Name of State and Legal Opinion** that the state does enforce standards regarding credit for reinsurance that are substantially similar to the requirements of Utah Insurance Code Section 31A-17-404 (5)(a)(ii). **A copy of the section of the law from the state must accompany the opinion.**

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. **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.

7. **List of all jurisdictions** - A statement listing all jurisdictions in which the applicant has applied for recognition to conduct a Reinsurance business and dates and results of those applications.

8. **Risk Based Capital** - A copy of the applicant’s most recent Risk Based Capital Report submitted in the level of detail required by the NAIC.

9. **Financial Examination Report** - Certified by company=s domestic state less than 3 months from date of submission. Must be less than 3 years since date of examination.

The Order Granting Status as Accredited 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. It is the responsibility of the reinsurer to renew the application and submit the documents required in Utah Insurance Code Section 31A-17-404. Annual Fee $500. E-Commerce Technology Fee $50.

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