



Todd E. Kiser  
Utah Insurance Department  
Insurance Commissioner

GARY R. HERBERT  
Governor

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

Trusted 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. Annual fee \$500. E-Commerce Technology fee \$50.**

