JONATHAN T. PIKE
Utah Insurance Department
Insurance Commissioner

SPENCER J. COX
Governor

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

Trusteed Reinsurance

QUALIFICATION CHECK LIST

Company Name_____

Country of Domicile _____ NAIC Company #_____

Date Organized _____ NAIC Group # _____

NAIC Alien # _____

	Item	Date Received	Date Approved
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 _____

PO 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.

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CERTIFICATE OF ASSUMING INSURER

1. _____,
(name of officer) (title of officer)
of _____, the assuming insurer
(name of assuming insurer)
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 agreements(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)