



## Accredited Reinsurer Registration Application

All questions must be answered. If a question is not applicable or the answer is none, please indicate as such.

1. Name of Applicant \_\_\_\_\_

2. NAIC CoCode \_\_\_\_\_

3. NAIC Group Code \_\_\_\_\_

4. FEIN \_\_\_\_\_

5. State of Domicile \_\_\_\_\_

6. Applicant Main Company Contact information:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

7a. Applicant's Mailing Address:

• Address \_\_\_\_\_

• City \_\_\_\_\_

• State \_\_\_\_\_

• Zip Code \_\_\_\_\_

7b. Applicant's Statutory Home Office Address:

• Address \_\_\_\_\_

• City \_\_\_\_\_

• State \_\_\_\_\_

• Zip Code \_\_\_\_\_

7c. Applicant's Main Administrative Office Address:

• Address \_\_\_\_\_

• City \_\_\_\_\_

• State \_\_\_\_\_

• Zip Code \_\_\_\_\_

The Applicant requests the approval of the Insurance Commissioner of North Carolina to operate as an accredited reinsurer in North Carolina pursuant to North Carolina General Statute ("G.S") 58-7-21(b)(2) and certifies that it:

- a. Accepts in good faith the terms and obligations of the insurance laws of North Carolina as part of the consideration of its accreditation.

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- b. Submits to the jurisdiction of any court of competent jurisdiction in North Carolina 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.
- c. Designates the Insurance Commissioner of North Carolina 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.
- d. Submits to the authority of the Insurance Commissioner of North Carolina to examine its books and records and agrees to bear the expense of any such examination.
- e. Will provide to the Insurance Commissioner of North Carolina, on an annual basis, for the most recent year ended December 31:
  - i. A copy of its Annual Statement, in the form required under G.S. 58-2-165.
  - ii. A copy of its actuarial certification of loss and loss adjustment expense reserves, in the form required by the NAIC Annual Statement Instructions.
  - iii. A copy of its Audited Financial Statement.
- f. Will comply with the requirements of G.S. 58-7-21(b)(2), along with all other applicable North Carolina insurance laws and rules adopted by the Insurance Commissioner of North Carolina.

The Applicant understands and agrees that its accreditation, if issued, may be revoked if the Applicant fails to comply with the insurance laws of North Carolina.

The undersigned hereby swear and affirm to adhere to the foregoing statements and that the information regarding the Applicant is true and correct.

\_\_\_\_\_  
President of the Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary of the Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_, Notary Public. My Commissioner Expires: \_\_\_\_\_