



**Authorized Reinsurer  
Registration Application  
Pursuant to GS 58-7-21(b)(4)**

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. Alien Number \_\_\_\_\_

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 authorized reinsurer in North Carolina pursuant to North Carolina General Statute ("G.S") 58-7-21(b)(4) and certifies that it:

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(Check the applicable box.)

\_\_\_\_\_ Is a single assuming insurer maintaining a trust funded in an amount not less than its assumed liabilities attributable to reinsurance ceded by United States ceding insurers, and the trust is funded with an additional surplus of not less than twenty million dollars (\$20,000,000).

\_\_\_\_\_ Is a group including incorporated and/or unincorporated underwriters maintaining a trust funded in accordance with the requirements of G.S. 58-7-21(b)(4)c.2.

- a. Maintains a trust fund in a qualified United States financial institution, as defined in G.S. 58-7-26(b), for the payment of the valid claims of its United States ceding insurers, their assigns and successors in interest.
- b. Affirms the form of its trust and any amendments to the trust have been approved by the insurance regulator of the state where the trust is domiciled or the insurance regulator of another state who, pursuant to the terms of the trust instrument, has accepted principal regulatory oversight of the trust.
- c. Affirms the trust and any trust amendments have been and will continue to be filed with the insurance regulator of every state in which the ceding insurer beneficiaries of the trust are domiciled.
- 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. Agrees in its reinsurance agreements that it:
  - i. Submits to the jurisdiction of any court of competent jurisdiction in any state of the United States, will comply with all requirements necessary to give the court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal, and
  - ii. Designates the Insurance Commissioner of North Carolina or a designated attorney 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.
- f. Will report annually to the Insurance Commissioner of North Carolina information substantially the same as that required to be reported on the NAIC Annual Statement form by licensed insurers. If the Applicant is a group, within ninety (90) days after its financial statements are due to be filed with the group's domiciliary insurance regulator, the group will provide an annual certification by the group's domiciliary insurance regulator of the solvency of each underwriter member and financial statements prepared by independent public accountants of each underwriter member of the group.
- g. Its trustees of the trust, no later than February 28 of each year, will report in writing to the Insurance Commissioner of North Carolina the balance of the trust and a listing of the trust's investments at the end of the preceding year. Additionally, the trustees will certify the date of termination of the trust, if so planned, or will certify that the trust will not expire before the following December 31.
- h. Will comply with the requirements of G.S. 58-7-21(b)(4), G.S. 58-7-21(b)(6), and G.S. 58-7-21(b)(7), along with all other applicable North Carolina insurance laws.

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The Applicant understands and agrees that its authorized reinsurer status, 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: \_\_\_\_\_