

**Submit application to:**  
**ARKANSAS INSURANCE DEPARTMENT**  
**FINANCE DIVISION**  
**1 Commerce Way, Suite 505**  
**Little Rock, AR 72202-2087**  
**501-371-2665, fax 501-371-2747**  
[Insurance.Finance@Arkansas.gov](mailto:Insurance.Finance@Arkansas.gov)

**Application - Approval as an Accredited Reinsurer**

**Initial registration and annual renewal of \$500.00**

Company Name \_\_\_\_\_  
NAIC # \_\_\_\_\_  
Home Office \_\_\_\_\_  
Mail Address \_\_\_\_\_  
Contact Person, \_\_\_\_\_  
Title \_\_\_\_\_ Telephone # \_\_\_\_\_  
Facsimile # \_\_\_\_\_ E-Mail \_\_\_\_\_

As of the date of filing, are there any substantive changes in the Company's financial status from that reported in the most recent annual statement filed as a part of this application?

\_\_\_\_\_  
If yes, attach a detailed synopsis.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**PLEASE ALSO COMPLETE THE "Accredited Reinsurer Filing Checklist" found below.**

Company Name \_\_\_\_\_  
NAIC # \_\_\_\_\_

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**Accredited Reinsurer Filing Checklist:**

**Check each item below to assure it is enclosed with this filing. If an application is incomplete, the applicant will be advised of the deficiencies and given a specified date by which the application must be completed. If this due date is not met, the application will be denied.**

**Filing Date**

\_\_\_\_\_ Form AR-1 Certificate of Assuming Insurer.

\_\_\_\_\_ Certificate of Compliance executed by the appropriate public official of the company's domiciliary state.

\_\_\_\_\_ A copy of the company's annual statement (9"x14"), National Association of Insurance Commissioners (NAIC) convention blank, for the most recent year ending December 31. This must include the actuarial opinion and the management discussion & analysis.

\_\_\_\_\_ A copy of the company's audited financial report ("CPA Report") for the year ending December 31 (must be same year end as annual statement submitted).

\_\_\_\_\_ A copy of the most recent report of examination conducted by Company's state of domicile.

\_\_\_\_\_ Company must have a surplus as regards to policyholders in an amount which is not less than Twenty Million Dollars (\$20,000,000.00)

\_\_\_\_\_ Provide a list semi-annually of Arkansas Domestic Companies, which cede business to company, along with the reinsurance intermediaries, which placed such business.

\_\_\_\_\_ Properly executed Power of Attorney, accompanied by a Resolution of the Board of Directors certified by the corporate secretary, specifically authorizing the Arkansas Commissioner of Insurance as the company's registered agent to receive service of process in the State of Arkansas.

\_\_\_\_\_ Check, made payable to the Arkansas Insurance Department Trust Fund, for the amount of the applicable fees.

POWER OF ATTORNEY TO ACKNOWLEDGE SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_,  
a corporation, organized and existing under and by virtue of the laws of the State of \_\_\_\_\_ and thereby authorized to transact the business of \_\_\_\_\_ insurance, desiring to transact such business within the State of Arkansas, pursuant to the laws thereof, does, by these presents, make, constitute, and appoint the Commissioner of Insurance of the State of Arkansas and his successors in office, the true and lawful attorney of such company in and for the State Arkansas, upon whom all lawful process against said company may be served; and the said insurance company, in consideration of the privilege of doing business in the State of Arkansas as aforesaid, does hereby stipulate and agree that any lawful process against said company which may be served upon said attorney, or in his absence, upon any employee in charge of his office, shall be of the same legal force and validity, and such service shall be as valid and binding upon said company, as if such process had been served upon said company in any other manner provided by the laws of the said State of Arkansas; and that said authority to represent said company for the service of process shall continue in force so long as any liability shall remain outstanding against said company within the State of Arkansas.

IN WITNESS WHEREOF, the said company has caused its corporate name to be hereunto subscribed by its president, attested by its secretary, and its corporate seal to be hereto affixed, at the City of \_\_\_\_\_ in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, all in accordance with a resolution of its Board of Directors (certified copy whereof is hereto attached) duly adopted on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
(President)

Attest:

\_\_\_\_\_  
(Secretary)