

Submit Renewal to:
ARKANSAS INSURANCE DEPARTMENT
FINANCE DIVISION
1 Commerce Way, Suite 505
Little Rock, AR 72202-2087
501-371-2665, fax 501-371-2747
For questions: Insurance.Finance@Arkansas.gov

Renewal Application - Accredited Reinsurer

Annual renewal fee 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 Renewal Checklist" found below.

Company Name

NAIC #

Accredited Reinsurer Renewal Checklist:

Check each item below to assure it is enclosed with this filing

Filing Date

_____ When a new report of examination has been conducted by Company's state of domicile, please submit a copy to us.

_____ 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 hard copy of the most recent financial statement to document this amount.

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

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