

**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**

**Application - Approval as a Trusteed 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 "Trusteed Reinsurer Filing Checklist" provided below.**

Company Name

NAIC #

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### Trusteed 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

\_\_\_\_\_ Sworn statement from an officer of a qualified United States financial institution wherein the trust funds are maintained that they meet the qualifications a shown in Ark. Code Ann. §23-62-307.

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

\_\_\_\_\_ Submit to the jurisdiction of any court of competent jurisdiction in any state in the U.S.A. and will abide by that court's decision.

\_\_\_\_\_ Provide a certified copy of the Trust Instrument for approval by the Commissioner.

\_\_\_\_\_ No later than February 28 of each year, the trustees of the trust shall report to the Commissioner in writing setting forth the balance of the trust and listing the trust's investments at the preceding year end and certify by affidavit. (a) that the trust shall not expire before December 31 date OR (b) when the trust shall terminate.

\_\_\_\_\_ 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.

\_\_\_\_\_ (a) If a single assuming insurer – must show proof of MAINTENANCE of a trusteed surplus for business written in the U.S.A. of not less than Twenty Million Dollars (\$20,000,000).

(b) If a group of individual unincorporated underwriters are the assuming insurer – must show proof of MAINTENANCE of a trusteed surplus for business written in the U.S.A. of not

less than One Hundred Million Dollars (\$100,000,000) AND an annual Certificate of Solvency for each underwriter.

(c) If a group of incorporated insurers are the assuming insurer – must show proof of MAINTENANCE of policyholder surplus of not less than Ten Billion Dollars (\$10,000,000,000); AND

i) continually in business for at least three years immediately prior to making application for Trusted Reinsurer Status; AND

ii) submits to the Arkansas Insurance Department to examine books and records and bears the expense of examination (proof by affidavit); AND

iii) shows proof of MAINTENANCE of trusted surplus for business written in the U.S.A. of not less than One Hundred Million Dollars (\$100,000,000); AND

iv) each group member must provide to the Commissioner an annual Certification of Solvency by that members domiciliary regulator AND its independent public accountant.

\_\_\_\_\_ 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)