



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: _____