

North Carolina Department of Insurance
Mike Causey, Commissioner
Financial Analysis Division
1203 Mail Service Center
Raleigh, NC 27699-1203

Authorized Reinsurer Registration Application Pursuant to GS 58-7-21(b)(3)

All questio	ns must be answered. If a question is not applicable or the answer is none, please indicate as such.
1. Name o	f Applicant
2. NAIC Co	oCode
3. NAIC G	roup Code
	Domicile
	nt Main Company Contact information:
Na	me
Titl	le
Ad	dress
Cit	y
Sta	ate
Zip	Code
Ph	one Number
Em	nail Address
7a Annlica	ant's Mailing Address:
	Address
•	CityState
•	Zin Code
	ant's Statutory Home Office Address:
• •	·
•	Address
•	City
•	State
	Zip Codeant'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)(3) and certifies that it:

a. Is domiciled in, or in the case of a United States branch of an alien assuming insurer is entered through, a state that uses standards regarding credit for reinsurance substantially similar to those outlined in G.S. 58-7-21(b)(3).

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b.	Mainta	ntains policyholders' surplus in an amount not less than twenty million dollars (\$20,000,000).							
	in the s	same holding	apply to reinsurance ceded and assumed under pooling arrangements among insurers company system. If the Applicant is requesting an authorized reinsurer status in order ding company pooling arrangement, check the following box)						
C.			rity of the Insurand he expense of any		examine its books and	records			
d.	Agrees	es in its reinsurance agreements that it:							
comply with a			ne jurisdiction of any court of competent jurisdiction in any state of the United States, will all requirements necessary to give the court jurisdiction, and will abide by the final 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.							
e.	e. Will provide to the Insurance Commissioner of North Carolina, on an annual basis, for the most recent yea ended December 31:								
i. A copy of its Annual Statement, in the form required under G.S. 58-2-165.									
	ii.	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.		/ill comply with the requirements of G.S. 58-7-21(b)(3) and G.S. 58-7-21(b)(6), along with all other oplicable North Carolina insurance laws.							
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.									
	_	ed hereby swo		dhere to the forego	ping statements and	that the information re	garding		
			President of the	e Applicant		 Date			
			Secretary of the	- Annlicant		 Date			
State o	of		•	, тррпоатт т		Bato			
Sworn before me this					, 20				
, Notary Public. My Commissioner Expires:									

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