



LOUISIANA DEPARTMENT OF INSURANCE

TIM TEMPLE
COMMISSIONER

**APPLICATION TO ACT AS A
CERTIFIED REINSURER
FOR LOUISIANA DOMICILED INSURERS**

General Information (Type or Print)

APPLICANT NAME: _____

FEI No: _____ NAIC ALIEN ID No: _____

DOMICILE: _____

CONTACT†: _____ CONTACT TITLE: _____

CONTACT ADDRESS: _____

PHONE: _____ FACSIMILE: _____

E-MAIL: _____

† This Office will only communicate with the named contact person.

Below check all rating agencies with which the applicant maintains a financial strength rating. (Evidence of the rating including a copy of the full rating agency report, if available, must be attached for each selected)

A.M. Best

Moody's Investor Service

Other (Name) _____

Fitch Rating

Standard & Poor's

SECTION 2 – INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION AND THE REQUESTED INFORMATION FOR ALL "YES" ANSWERS

<p>1) Has the applicant ever had an application denied by any state or federal regulatory authority? (If yes, provide details including the type of application, the identity of the authority which issued the denial, the reasons for the denial and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2) Has the applicant ever had a Certificate of Authority or license suspended or revoked by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>3) Has the applicant ever been subject to any regulatory action including cease and desist orders, fines in excess of \$50,000, consent agreements or similar actions? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>4) Has the applicant ever been placed into any type of regulatory supervision or rehabilitation by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action , an explanation of any subsequent events and an explanation of the current status.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>5) Is the applicant currently involved in any dispute or controversy with any regulatory authority?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>6) Has the applicant ever been or currently involved in any solvent scheme of arrangement or similar procedure to run-off the liabilities of the applicant under an agreed format which involved United States ceding insurers? (If yes, provide a detailed description of the arrangement)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>7) Within the last three years, has the applicant had any changes in the financial strength rating from any approved rating agency?(If yes, provide a description of the changes.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>8) Has the applicant been certified as a reinsurer in any NAIC accredited jurisdictions? (If yes, provide a list of all such jurisdictions.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 3 – EXHIBITS

EXHIBIT A – Certificate of Compliance, Letter of Good Standing, copy of the Certificate of Authority certified by the proper domiciliary state official or other similar document confirming the applicant is currently licensed and in good standing in a qualified jurisdiction as determined by the National Association of Insurance Commissioners (NAIC) Financial Regulations Standards and Accreditation Committee.

EXHIBIT B – Copies of audited financial statements for the previous three years.

For applicants not domiciled in the United States –If available, United State GAAP basis financial statements must be supplied. Audited IFRS basis statements are permitted but must include an audited footnote reconciling equity and net income to a United States GAAP basis. With the prior approval of the Commissioner, an applicant may submit audited IFRS basis statements with reconciliation to U.S. GAAP certified by an officer of the applicant.

EXHIBIT C – Copies of all financial filings made with the domiciliary regulator.

EXHIBIT D – Schedules for reinsurance assumed and reinsurance ceded as indicated below:

For applicants domiciled in the U.S., provide the most recent NAIC Annual Statement Blank Schedule F (property/casualty) and/or Schedule S (life and health).

For applicants domiciled outside the U.S. provide Form CR-F (property/casualty) and/or Form CR-S (life and health), completed in accordance with the instructions adopted by the NAIC.

EXHIBIT E - A list, by cedent, of all overdue reinsurance claims payable that are more than 90 days past due or are in dispute regarding reinsurance assumed by the Applicant from U.S. domestic ceding insurers. Identify whether any of the listed cedents are in administrative supervision or receivership.

EXHIBIT F – A completed Form CR-1 properly executed by an officer authorized to bind the applicant to the commitments set forth therein.

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____

who, after being duly sworn, did depose and state that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct and does further attest that each of the following is true;

- 1) The applicant agrees to comply with all contractual requirements applicable to reinsurance contracts with U. S. ceding insurers.
- 2) The applicant agrees to post 100 percent security upon the entry of an order of rehabilitation, liquidation or conservation against a ceding insurer for the benefit of the ceding insurer or its estate.
- 3) The applicant agrees to notify the Louisiana Department of Insurance within ten (10) days of any change in certified reinsurer status or rating in any jurisdiction where the applicant is a certified reinsurer

Signature of Witness

Signature of Officer

Printed Name of Witness

Printed Name of Signatory

Signature of Witness

Title or Position of Signatory

Printed Name of Witness

SWORN TO and subscribed before me this _____ day of _____, 20____.

Signature of Notary

Printed Name of Notary

NOTARIAL SEAL

My Commission Expires _____