

Application Checklist for Accredited or Trusteed Assuming Insurer

► Application type

Type of Reinsurer _____

Type of Application _____

► Applicant information

Identification number (NAIC, US federal tax ID # or International Securities ID #) _____

Company name _____

Physical address _____

Mailing address _____

Contact name _____ State of Domicile _____

Contact phone number _____ Contact email address _____

Accredited reinsurers submit the following:

- List of states where the applicant currently transacts business
- List of all lines and classifications of insurance business the applicant is authorized to insure or reinsure;
- the most recent financial statement the applicant submitted to applicant's state of domicile;
- a copy of the applicant's certificate or letter of authority or of compliance issued by the state of domicile; and
- Form AR-1 (FIN189)

Trusteed reinsurers submit the following:

- List of states where the applicant currently transacts business
- List of all lines and classifications of insurance business the applicant is authorized to insure or reinsure;
- a copy of the applicant's certificate or letter of authority or of compliance issued by the state of domicile.

The trustee report required under Insurance Code Section 493.155(a) and 28 TAC 7.607 (c)(5) (Not later than February 28 of each year):

- (1) report to the department in writing, showing the balance of the trust and listing the trust's investments at the end of the preceding year; and
- (2) certify the date of termination of the trust, if termination is planned, or certify that the trust will not expire before December 31 of the year of the report.

▶ **Submit**

📧 Email filing to CLRFilings@tdi.texas.gov.

▶ **Questions?**

Email us at CompanyLicense@tdi.texas.gov or call 512-676-6365.