FORM AR-1 CERTIFICATE OF ACCREDITED ASSUMING INSURER

I,	
(name of officer)	(title of officer)
of	······································
(name of accredited assuming	insurer)
under a reinsurance agreement with one or m	ore insurers domiciled in Texas, hereby certify that
(name of accredited assuming	insurer) :
adjudication of any issues arising out of the requirements necessary to give such court juricourt or any appellate court in the event of should be understood to constitute a waive commence an action in any court of competaction to a United States District Court, or to by the laws of the United States or of any state to conflict with or override the obligation of their disputes if such an obligation is created 2. Designates the Texas Commissioner of Inserved any lawful process in any action, suit of instituted by or on behalf of the ceding insured. 3. Submits to the authority of the Texas Corecords and agrees to bear the expense of any	nsurance as its lawful attorney upon whom may be reproceeding arising out of the reinsurance agreement er.
	additions to or deletions from the list to the Texas
Dated:	(name of accredited assuming insurer)
	(name of accredited assuming insule)
BY:	(name of officer)
	(title of officer)

Return to [Texas Department of Insurance

Company Licensing and Registration, MC 103-CL 333 Guadalupe, Austin, TX 78701 (or)

P.O. Box 149104

Austin, Texas 78714-9104

registration team@tdi.texas.gov]

FORM CR-1 CERTIFICATE OF CERTIFIED REINSURER

T

1,	•
(name of officer)	(title of officer)
of	, the assuming insurer
(name of assuming insurer)	
under a reinsurance agreement with one or mor	e insurers domiciled in,
	(name of state)
in order to be considered for approval in this sta	ate, hereby certify that
(name of assuming insurer)	:
· ·	urt of competent jurisdiction in the state o
agreement, agrees to comply with all requiremental will abide by the final decision of such court	ents necessary to give such court jurisdiction, and or any appellate court in the event of an appeal
Insurer's rights to commence an action in any commence	be understood to constitute a waiver of Assuming court of competent jurisdiction in the United States Court, or to seek a transfer of a case to another cour

2. Designates the Texas Commissioner of Insurance as its lawful agent upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.

as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement

to arbitrate their disputes if such an obligation is created in the agreement.

- 3. Agrees to provide security in an amount equal to 100 percent of liabilities attributable to U.S. ceding insurers if it resists enforcement of a final U.S. judgment or properly enforceable arbitration award.
- 4. Agrees to provide notification within 10 days of any regulatory actions taken against it, any change in the provisions of its domiciliary license or any change in its rating by an approved rating agency, including a statement describing such changes and the reasons for the changes.
- 5. Agrees to annually file information comparable to relevant provisions of the NAIC financial statement for use by insurance markets in accordance with TDI rules at 28 Texas Administrative Code §7.622(d)(3).
- 6. Agrees to annually file the report of the independent auditor on the financial statements of the insurance enterprise in accordance with TDI rules at 28 Texas Administrative Code §7.622(d)(4).

- 7. Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion in accordance with TDI rules at 28 Texas Administrative Code §7.622(d)(4) and(5).
- 8. Agrees to annually file an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers in accordance with TDI rules at 28 Texas Administrative Code §7.622(d)(6).
- 9. Agrees to annually file a statement of its good standing as an insurer or reinsurer with the supervisor of its domiciliary jurisdiction in accordance with TDI rules at 28 Texas Administrative Code §7.622(d)(7).

Dated:			
		(name of assuming insurer)	
	BY:		
		(name of officer)	
		(title of officer)	

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Form CR-F – PART 1 Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5		Reinsurance On		9	10	11	12	13	14	15
					6	7	8						Amount of	
											Funds Held		Assets	
Compon					Paid Losses						By or Deposited		Pledged or Compensating	Amount of Assets
Compan					and			Contingent	Assumed		With	Letters	Balances to	Pledged or
Code or		Name of	Domiciliary	Assumed	Loss	Known Case		Commissions	Premiums	Unearned	Reinsured	of	Secure Letters	Collateral
ID		Reinsured	Jurisdiction	Premium	Adjustment	Losses and	Cols. $6 + 7$	Payable	Receivable	Premium	Companies	Credit	of Credit	Held in
Number					Expenses	LAE						Posted		Trust

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9999999 T	otals	·	<u> </u>		-									

Form CR-F – PART 2 Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6				Reins	ırance Recove	erable On				Reinsura	nce Payable	18	19
				Reinsurance		7	8	9	10	11	12	13	14	15	16	17		
				Contracts													Net	Funds
				Ceding 75%													Amount	Held
Compan				or More of												Other	Recoverable	by
v		Name		Direct	Reinsuran			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	From	Company
Code or		of	Domiciliar	Premiums	ce	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearne	Contingent	through	Balances	Due to	Reinsurers	Under
ID		Reinsurer	v	Written	Premiums	Losses	LAE	Reserves	Reserves	Reserves	Reserves	d	Commissio	14	Payable	Reinsurer	Cols. 15 –	Reinsuran
Number		1011154101	Jurisdictio	***************************************	Ceded	200000	12.113	100001100	100001100	100001100	100001100	Premiu	ns	Totals	1 ay abic	8	[16 + 17]	ce
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Form CR-S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
Company Code or ID Number		Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

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Totals											

Form CR-S – PART 1 – SECTION 2
Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
Company					Type			Reserve Liability Other Than	Reinsurance		Funds
Code or			Name		of			For	Payable on	Modified	Withheld
ID		Effective	of	Domiciliary	Reinsurance		Unearned	Unearned	Paid and	Coinsurance	Under
Number		Date	Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Coinsurance
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					***************************************	•••••		***************************************			
Totals											

Form CR-S – PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
Company Code or		Effective	Name of		Paid	Unpaid
			-	Tanation		
ID		Date	Company	Location	Losses	Losses
Number						
Totals—Life	, Annuity and A	cident and Health				

Form CR-S – PART 3 – SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7			10			13	14
Company								e Credit iken		Outstandin Rel:			Funds
Code or			Name		Type of	Amount in	8	9		11	12	Modified	Withheld
ID		Effective	of		Reinsurance	Force at	Current	Prior		Current	Prior	Coinsurance	Under
Number		Date	Company	Location	Ceded	End of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
													•••••
				•••••									••••
				•••••									••••
			•••••	•••••								•••••	
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			•••••										•••••
Totals													

Form CR-S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Credit	Outstanding	Surplus Relief	12	13
Company Code or ID Number		Effective Date	Name of Company	Location	Туре	Premiums	Unearned Premiums (Estimated)	Taken Other than for Unearned Premiums	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
				•••••								
***************************************											***************************************	•••••

						•••••						
m . 1					<u> </u>							
Totals												

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