



**North Carolina Department of Insurance
Application For Authorized Reinsurer Status
Pursuant to GS 58-7-21(b)(3)**

Insurance Company Name:

Company NAIC Code:

Group Number:

FEIN Number:

State of Domicile:

Mailing Address:

Company Representative:

Representative's Address (if different from above):

Representative's Telephone Number:

Representative's Email Address:

The above named Insurance Company 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:

1. 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, which are substantially similar to those outlined in G.S. 58-7-21.
2. Maintains policyholders' surplus in an amount not less than twenty million dollars.
(Note: The twenty million-dollar requirement does not apply to reinsurance ceded and assumed under pooling arrangements among insurers in the same holding company system. If the Company is requesting an authorized status in order to participate in a holding company pooling arrangement, please check this box.)
3. 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.
4. Agrees in its reinsurance agreements that it:
 - Submits to the jurisdiction of any court of competent jurisdiction in any state of the United States, shall comply with all requirements necessary to give the court jurisdiction, and shall abide by the final decision of the court or of any appellate court if there is an appeal; and
 - Designates the Commissioner or a designated attorney as its true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding begun by or on behalf of the ceding company.

The Company understands and agrees that its authorized status, if granted, may be revoked if the Company fails to comply with the Insurance Laws of North Carolina. It is further agreed that the Company will provide to this Department a copy of its Annual Statement on an annual basis, if approved as an authorized reinsurer in North Carolina.

CORPORATE SEAL

Company Representative

Date

To request authority to operate in North Carolina as an authorized reinsurer pursuant to G.S. 58-7-21(b)(3) submit the Application for Authorized Reinsurer Status (G.S. 58-7-21(b)(3)), along with copies of the Company's most recent statutory annual and quarterly financial statements to:

*Ms. Anne Morgan
North Carolina Department of Insurance
Financial Analysis & Receivership Division
1203 Mail Service Center
Raleigh, NC 27699-1203*

If you have questions concerning this application, please contact Ms. Morgan at (919) 807-6603 or e-mail anne.morgan@ncdoi.gov.