

STATE OF MONTANA  
TROY DOWNING  
Commissioner of Securities and Insurance  
Office of the State Auditor  
840 Helena Avenue  
Helena, MT 59601

APPLICATION FOR ACCREDITED REINSURER STATUS

Name of Applicant \_\_\_\_\_ (NAIC Number)

Home Office Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Date Incorporated \_\_\_\_\_

Contact Person and Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

State of Entry (If a U.S. Branch Office) \_\_\_\_\_

Principal U.S. Office Address \_\_\_\_\_

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH THE APPLICATION:

- ( ) Annual Statement as of December 31 preceding year.
- ( ) Report of last Examination.
- ( ) Copy of Audited Financial Statement as of December 31 preceding year.
- ( ) Certificate of Authorization, Domiciliary State.
- ( ) Copy of Appointment and Authority of U.S. Manager (Alien Insurer).
- ( ) Copy of Certificate of Assuming Insurer (Form AR-1).
- ( ) Submit a schedule listing the states in which you currently hold the status of accredited reinsurer.
- ( ) Copy of Trust Instrument (If applicable).
- ( ) Certification from Trustee of Market Value of Assets (If applicable).
- ( ) Application Fee (**Retaliatory basis only**) Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

DATED \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Officer

\_\_\_\_\_  
Signature of Officer

Form AR-1  
Certificate of Assuming Insurer

I, \_\_\_\_\_  
(Name of officer) (Title of officer)

of \_\_\_\_\_,

the assuming insurer under a reinsurance agreement(s) with one or more insurers domiciled in Montana, hereby certify that

\_\_\_\_\_  
(Name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in Montana for the adjudication of any issues arising out of the reinsurance agreement(s), agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction of the United States, to remove an action to a United States court, or to seek a transfer of a case to another court as permitted by the laws of the United States or any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreements(s) to arbitrate their disputes if such an obligation is created in the agreements(s).
2. Designates the Insurance Commissioner of Montana as its lawful attorney upon whom may be served any lawful process in any action, suite or proceeding arising out of the reinsurance agreement(s) instituted by or behalf of the ceding insurer.
3. Submits to the authority of the Insurance Commissioner of Montana to examine its books and records and agrees to bear the expenses of such examination.
4. Submits with this form a current list of insurers domiciled in Montana reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Insurance Commissioner at least once per calendar quarter.

Dated: \_\_\_\_\_  
(Name of assuming insurer)

By: \_\_\_\_\_  
(Name of officer)

\_\_\_\_\_  
(Title of officer)

\_\_\_\_\_  
Name and address of person to whom service of process should be forwarded.

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**33-2-1216. Credit allowed domestic ceding insurer**

<http://leg.mt.gov/bills/mca/33/2/33-2-1216.htm>