

Maryland Insurance Administration
Reinsurance Application for Accredited Reinsurers

This application is to be completed by an insurer seeking to be authorized as an accredited reinsurer in Maryland. The insurer (“Applicant”) should complete the information requested below and provide the supporting documentation required referencing the appropriate section of the application checklist. The Commissioner reserves the right to request information in addition to what has been set forth in this application.

I. Applicant Information

Company Name: Home Office Address: Domiciliary Jurisdiction / Supervisory Authority: Ultimate Controlling Person (§ 7-101 ¹): Applicable Lines of Business: Primary Contact Name: Email: Telephone: Address:
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II. Filing Requirements:

Citation to State Law / Regulation	<u>Requirements</u>	<u>Reference and Supporting Documents</u>
§5-906 ² COMAR 31.05.08.05	Status of Domiciliary Jurisdiction: Submit evidence that the Applicant is licensed to transact insurance or reinsurance in at least one state, or in the case of a U.S branch or an alien insurer, is entered through and licensed to transact insurance or reinsurance in at least one state. <i>Identify the jurisdiction: _____</i>	
COMAR 31.05.08.05	Form AR-1: Submit the properly executed Maryland Insurance Administration Certificate of Assuming Reinsurer Form AR-1.	
COMAR 31.05.08.05	Certificate of Valuation: If reinsuring a life insurer, submit a certificate of valuation issued by the insurance regulatory agency of the applicant’s state of domicile if a foreign insurer, or state of entry if an alien insurer.	

¹ Insurance Article, Annotated Code of Maryland.

² Ibid.

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Citation to State Law / Regulation	<u>Requirements</u>	Reference and Supporting Documents
COMAR 31.05.08.05	<p>Financial Reporting: If the applicant does not file its financial statements with the NAIC, submit:</p> <ol style="list-style-type: none"> 1. A certified copy of the applicant's most recent annual financial statement; and 2. A copy of the report of the last examination made of the applicant by the insurance regulatory agency of the applicant's state of domicile if a foreign insurer, or state of entry if an alien insurer, if not previously provided. 	
COMAR 31.05.08.09	<p>Trust Fund: Submit evidence that the form of the trust and any amendments to the trust have been approved by either the insurance regulatory agency of the state where the trust is domiciled or the insurance regulatory agency of another state who, pursuant to the terms of the trust instrument, has accepted responsibility for regulatory oversight of the trust.</p>	
§§2-112 and 6-203 ³	Include the appropriate fees	

CERTIFICATION

The undersigned has executed the attached application dated _____, 20____, on behalf of _____(Name of Applicant). The undersigned is the _____(Title) of _____(Name of Applicant) and is authorized to execute and make this application. By signing below, the undersigned indicates that he/she is familiar with the contents of the application and that the information contained in this application is accurate and complete to the best of his/her information and belief.

_____ (Signature)

_____ (Type or Print Name)

³ Ibid.