



STATE OF MAINE Bureau of Insurance

Financial Analysis Division
#34 State House Station
Augusta, ME 04333-0034

Overnight delivery:
Deliveries such as FedEx
and UPS
76 Northern Ave.
Gardiner, ME 04345.

USPS Express overnight
deliveries
34 State House Station
Augusta, ME 04333.

Application for Certified Reinsurer

Application Date:
1. Name of Applicant:
2. Lead State:
3. Alien ID Number:
4. Certified Reinsurer ID Number:
5. Domiciliary Jurisdiction:
6. Application Contact Person, Phone Number, Mailing Address, and Email Address:

In order for the application to be considered complete the following items must accompany the application form:

1. Application fee for certification as reinsurer is \$1,000 made payable to Treasurer State of Maine.
2. Approval letter provided by an NAIC-accredited jurisdiction in which the applicant is currently certified. At a minimum, this letter must confirm the following information: name of certifying state(s); rating and collateral percentage assigned to the applicant; effective and expiration dates of the certification; lines of business to which the certification is applicable; and the applicant's commitment to comply with all requirements necessary to maintain certification.
3. Complete the attached Certificate of Certified Reinsurer (CR-1) and have it signed by an officer of the company.
4. List the Maine Domestic Insurers that are Cedents of the reinsurer as applicable, if none, list "NONE".

I hereby certify that all written contracts the company has in force with Maine domestic insurers for whom it reinsures contain the minimum provisions required by 24-A M.R.S.A. Chapter 9 §731-B, and contain no provisions contrary to Maine law.

I further certify that in the event any provisions are found to be contrary to Maine laws, those provisions will be null and void.

NOTE: The superintendent may deny, suspend, revoke or place restrictions upon a Reinsurers certification, after notice and opportunity for hearing, for failure to comply with the requirements of Title 24-A M.R.S.A. §731-B or for any grounds that would warrant similar action against the certificate of authority of an authorized insurer.

*Please be advised the Reinsurer **is not considered certified** until notified by the Superintendent that it has met all statutory requirements to be considered certified in Maine*

I further certify that all the information presented herein is true and correct and that I am authorized to sign for and act on behalf of the reinsurer.

Subscribed and sworn to before me, a Notary
Public in and for the county of
_____ this _____ day
of _____ 20____.

Notary Signature

Typed/Printed Name of Notary

My commission expires _____

Signature of Officer

Typed/Printed Name of above Signature

Title

Name of Company

Date

CERTIFICATE OF CERTIFIED REINSURER

I, _____, _____
(name of officer) (title of officer)

of _____, the assuming insurer
(name of assuming insurer)

under a reinsurance agreement with one or more insurers domiciled in the State of Maine, in order to be considered for approval in this state, hereby certify that

(name of assuming insurer) (“Assuming Insurer”):

1. Submits to the jurisdiction of any court of competent jurisdiction in the State of Maine for the adjudication of any issues arising out of the reinsurance agreement, 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 a waiver of Assuming Insurer’s rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court 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.

2. Designates the Insurance Superintendent of the State of Maine as its lawful attorney 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.

3. Agrees to provide security in an amount equal to 100% 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 therefore.

5. Agrees to annually file information comparable to relevant provisions of the NAIC financial statement for use by insurance markets. **Note: Filing with the Lead State satisfies this requirement.**

6. Agrees to annually file the report of the independent auditor on the financial statements of the insurance enterprise. **Note: Filing with the Lead State satisfies this requirement.**

7. Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion. **Note: Filing with the Lead State satisfies this requirement.**

8. Agrees to annually file an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers. **Note: Filing with the Lead State satisfies this requirement.**

9. Is in good standing as an insurer or reinsurer with the supervisor of its domiciliary jurisdiction.

Dated: _____
(name of assuming insurer)

BY: _____
(name of officer)

(title of officer)