



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
215 WEST MAIN STREET/P.O. BOX 517
FRANKFORT, KENTUCKY 40602
502-564-6082 FAX 502-564-4604**

APPLICATION FOR REGISTRATION AS AN ACCREDITED REINSURER
[KRS 304.5-140 (2)(b)]

NAME OF COMPANY _____

CONTACT PERSON _____

MAILING ADDRESS _____

TELEPHONE NO. _____

FEDERAL I.D. NO. _____ **NAIC NO.** _____

In submitting your request for accredited reinsurer status, the following completed forms, documents, financial statements, etc., must accompany your application.

1. Applicant must file evidence of its submission to Kentucky's jurisdiction. This may be done by filing an affidavit or NAIC Form AR-1.
2. Applicant must submit to the Kentucky Department of Insurance's authority to examine its books and records. This may be done by filing an affidavit or NAIC Form AR-1.
3. Certificate of Compliance executed by the appropriate public official of the insurer's domiciliary state.
4. Copy of insurer's last preceding annual statement sworn to by at least two of the insurers' executive officers or certified by the public insurance supervisory official of the insurer's state of domicile.
5. Copy of insurer's most recent audited financial statement.
6. Applicant must have surplus, and maintain surplus, as regards to policyholders in an amount which is not less than \$20,000,000.

Please forward this application form along with the requested documentation to the Financial Standards and Examination Division, Kentucky Department of Insurance, P. O. Box 517, Frankfort, KY 40602-0517.

To maintain the accredited reinsurer status for subsequent years, the insurer must file a copy of the signed jurat page from the annual statement and must also file the audited financial statement.