

**Commonwealth of Kentucky
Department of Insurance
215 West Main Street - P.O. Box 517
Frankfort, KY 40602
502-564-6082 - FAX 502-564-4604**

APPLICATION FOR REGISTRATION AS AN OTHER APPROVED REINSURER

Pursuant to [KRS 304.5-140 (2)(c) & (d)]

NAME OF COMPANY _____

CONTACT PERSON _____

PHONE NUMBER. _____

MAILING ADDRESS _____

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 submit to the Kentucky Department of Insurance's authority to examine its books and records. This may be done by filing an affidavit.
2. Applicant must have surplus, and maintain surplus, as regards to policyholders in an amount which is not less than \$20,000,000.
3. Maintains a trust fund in a qualified U.S. financial institution. Must file trustee statements.

Please forward this application form along with the requested documentation to the address above to the attention of the Financial Standards and Examination Division.

NOTE: To maintain the other approved 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 trustee statement from the financial institution.