



MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.state.ms.us

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3569
FAX: (601) 359-1951

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

Trusteed Reinsurer

Annual Renewal Requirements

1. Financial information substantially the same as that required to be reported on the NAIC Annual Statement by licensed insurers.
 - a. Annual Statement - Due March 1st
 - b. 1st Quarterly Statement – Due May 15th
 - c. 2nd Quarterly Statement – Due August 15th
 - d. 3rd Quarterly Statement – Due November 15th
2. A certified statement from the trustee of the trust listing the assets in the trust as of the end of the preceding calendar year end.
3. A certified statement and accounting of trusteed surplus executed by a duly authorized officer or representative of the trusteed assuming insurer.
4. Certification of the termination date of the Trust Account or certification that the Trust Account will not expire prior to the next December 31st.
5. For a group of incorporated and individual unincorporated underwriters, annual certifications of the solvency of each underwriting member of the group prepared by the group's domiciliary regulator and its independent account are required.
6. A properly executed certificate of assuming insurer, if a group of incorporated insurers one is required for each member of the group. This certificate should include a current listing of Mississippi cedents. The listing of Mississippi cedents should be updated with each financial statement.
7. Any changes to the trust agreement or a reinsurance agreement should be noted with the annual filing.
8. Filing Fees

FORM AR-1

CERTIFICATE OF ASSUMING INSURER

I, _____, _____ (name of officer)(title of officer) of _____, the assuming insurer under a reinsurance (name of assuming insurer) agreements(s) with one or more insurers domiciled in _____, (name of state) hereby certify that _____, ("Assuming (name of assuming insurer) Insurer"):

1. Submits to the jurisdiction of any court of competent jurisdiction in _____ (ceding insurer's state of domicile) 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 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(s) to arbitrate their disputes if such an obligation is created in the agreement(s).

2. Designates the Insurance Commissioner of _____ (ceding insurer's state of domicile) as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreements(s) instituted by or on behalf of the ceding insurer.

3. Submits to the authority of the Insurance Commissioner of _____ to examine its books and records and (ceding insurer's state of domicile) agrees to bear the expense of any such examination.

4. Submits with this form a current list of insurers domiciled in _____ reinsured by Assuming Insurer and (ceding insurer's state of domicile) 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)