### FORM AR-1 CERTIFICATE OF ASSUMING INSURER

I.		
of	(name of officer)	(title of officer), the assuming insurer
	(name of assuming insurer)	
under	a reinsurance agreement(s) with one or n	nore insurers domiciled in, hereby
certify	(name of state)	("Assuming Insurer"):
certify	(name of assuming insurer)	( Assuming insurer ).
1.	Submits to the jurisdiction of any court o	f competent jurisdiction in
	(ceding insurer's state of domi	cile)
	for the adjudication of any issues arising	out of the reinsurance agreement(s), agrees to
		to give such court jurisdiction, and will abide by the
	,	ate court in the event of an appeal. Nothing in this erstood to constitute a waiver of Assuming Insurer's
		ort of competent jurisdiction in the United States, to
		trict Court, or to seek a transfer of a case to another
		ted States or of any state in the United States. This
		or override the obligation of the parties to the
	agreement(s).	eir disputes if such an obligation is created in the
2.	Designates the Insurance Commissione	r of
	besignates the modiance commissione	(ceding insurer's state_of domicile)
	as its lawful attorney upon whom may be	e served any lawful process in any action, suit or
	proceeding arising out of the reinsurance	e agreement(s) instituted by or on behalf of the ceding
•	insurer.	
3.	Submits to the authority of the Insurance	e Commissioner of examine its books and records and
	(ceding insurer's state of domicile)	examine its books and records and
	agrees to bear the expense of any such	examination.
4.	Submits with this form a current list of in	
	reinsured by Assuming Insurer and	
	(ceding insurer's state of domicile)	
	least once per calendar quarter.	etions from the list to the Insurance Commissioner at
Dated:	<u> </u>	
	В	(name of assuming insurer) SY:
		(name of officer)
		(title of officer)

### FORM CR-1 CERTIFICATE OF CERTIFIED REINSURER

I,	
	(name of officer) (title of officer)
<u>of</u>	the assuming insurer
	(name of assuming insurer)
under a	a reinsurance agreement with one or more insurers domiciled in
	, in order to be considered for
	(name of state)
	val in this state, hereby certify that ("Assuming
Insurer	
	(name of assuming insurer)
<u>1.</u>	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, 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 Commissioner of
<u>Z.</u>	(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 agreement instituted by or on behalf of the ceding
	insurer.
<u>3.</u>	Agrees to provide security in an amount equal to 100% of liabilities attributable to United
<u>v.</u>	States ceding insurers if it resists enforcement of a final United States 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 therefor.
<u>5.</u>	Agrees to annually file information comparable to relevant provisions of the National
	Association of Insurance Commissioners financial statement for use by insurance markets in
	accordance with paragraph 2 of subdivision g of subsection 2 of North Dakota Administrative
	Code Section 45-03-07.1-04.1.
<u>6.</u>	Agrees to annually file the report of the independent auditor on the financial statements of the
	insurance enterprise.
<u>7.</u>	Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion in
	accordance with paragraph 4 of subdivision g of subsection 2 of North Dakota Administrative
	Code Section 45-03-07.1-04.1.
<u>8.</u>	Agrees to annually file an updated list of all disputed and overdue reinsurance claims
	regarding reinsurance assumed from United States domestic ceding insurers.
<u>9.</u>	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)

## Form CR-F-PART 1 Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 Company Code or ID Number	2	3 Name of Reinsured	4 Domiciliary Jurisdiction	<u>5</u> <u>Assumed</u> <u>Premium</u>	6 Paid Losses and Loss Adjustment Expenses	Reinsurance Or 7 Known Case Losses and LAE	0 8 Cols. 6 + 7	9 Contingent Commissions Payable	Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	
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# Form CR-F-PART 2 Ceded Reinsurance as of December 31, Current Year (000 Omitted)

	1	2	3	4	5	<u>6</u>				Rein	surance Re	coverable	On			Reinsuran	ce Payable	18	19
Co	mpany		Name of	Domiciliary	Reinsurance		7	8	9	10	11	12	13	14	15	16	17	Net Amount	Funds Held
Coc	de or ID	_	Reinsured	Jurisdiction	Contracts	Premiums	Paid	Paid	Known	Known	<b>IBNR Loss</b>	IBNR LAE	Unearned	Contingent	Cols. 7	Ceded	Other	Recoverable	by Company
Nı	umber				Ceding 75%	Ceded	Losses	LAE	Case Loss	Case LAE	Reserves	Reserves	Premiums	Commissions	through	Balances	Amounts	From	Under
					or More of				Reserves	Reserves					14 Totals	Payable	Due to	Reinsurers	Reinsurance
					Direct													Cols. 15 - [16	Treaties
					Premiums													+ 17]	
					Written														
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### Form CR-S-PART 1-SECTION 1

## Reinsurance Assumed Life Insurance, Annuities, Deposit Funds, and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsurance Company as of December 31, Current Year

1 Company Code or ID Number	2	3 Effective Date	4 Name of Reinsured	<u>5</u> <u>Location</u>	6 Type of Reinsurance Assumed	Z Amount of In Force at End of Year	<u>8</u> <u>Reserve</u>	<u>9</u> <u>Premiums</u>	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
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<u>Totals</u>											

## Form CR-S-PART 1-SECTION 2 Reinsurance Assumed Accident and Health Insurance Listed By Reinsured Company as of December 31, Current Year

1 Company Code or ID Number	2	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 <u>Premiums</u>	<u>8</u> <u>Unearned</u> <u>Premiums</u>	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
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<u>Totals</u>											

## Form CR-S-PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

<u>1</u> mpany Code or ID Number	2	3 Effective Date	4 Name of Company	<u>5</u> <u>Location</u>	<u>6</u> Paid Losses	<u>7</u> <u>Unpaid Losses</u>
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### Form CR-S-PART 3-SECTION 1

## Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 Company Code or ID	2	3 Effective Date	4 Name of Company	<u>5</u> Location	<u>6</u> <u>Type of</u> <u>Reinsurance</u>	7 Amount in Force at End of	Reserve Ci <u>8</u> Current Year	redit Taken <u>9</u> Prior Year	10 Premiums	Outstanding S 11 Current Year	Surplus Relief 12 Prior Year	13 Modified Coinsurance	14 Funds Withheld Under
<u>Number</u>					<u>Ceded</u>	<u>Year</u>						<u>Reserve</u>	<u>Coinsurance</u>
<u></u>		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
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<u>Totals</u>													

## Form CR-S-PART 3-SECTION 2 Reinsurance Ceded Accident and Health Insurance by Reinsuring Company as of December 31, Current Year

1 Company Code or ID Number	<u>2</u> -	3 Effective Date	4 Name of Company	<u>5</u> <u>Location</u>	<u>6</u> <u>Type</u>	<u>7</u> <u>Premiums</u>	<u>Unearned</u> <u>Premiums</u> ( <u>Estimated</u> )	<u>9</u> Reserve Credit Taken Other Than for Unearned Premiums	Outstanding S 10 Current Year	Surplus Relief 11 Prior Year	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
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