FORM AR-1

CERTIFICATE OF ASSUMING INSURER

I,	,
(name of officer)	(title of officer)
of	, the assuming insurer
(name of assuming insurer)	
under a reinsurance agreement with one or more insure	ers domiciled in
	, hereby certify that
(name of state)	
	("Assuming Insurer"):
(name of assuming insur	er)
1. Submits to the jurisdiction of any court of competent	t jurisdiction in
	(ceding insurer's state of domicile)
Nothing in this paragraph constitutes or should be under action in any court of competent jurisdiction in the Unia a transfer of a case to another court as permitted by the	al decision of such court or any appellate court in the event of an appeal. erstood to constitute a waiver of Assuming Insurer's rights to commence an ited States, to remove an action to a United States District Court, or to seek laws of the United States or of any state in the United States. This paragraph ion of the parties to the reinsurance agreement to arbitrate their disputes if
as its lawful attorney upon whom may be served any la agreement instituted by or on behalf of the ceding insur	with process in any action, suit of proceeding arising out of the remstrance
3. Submits to the authority of the Insurance Commission	oner of to examine
its books and records and agrees to bear the expense of	any such examination.
4. Submits with this form a current list of insurers dom	iciled in (ceding insurer's state of domicile)
reinsured by Assuming Insurer and undertakes to subn least once per calendar quarter.	(ceding insurer's state of domicile) nit additions to or deletions from the list to the Insurance Commissioner at
Dated:	
	(name of assuming insurer)
	BY:
	(name of officer)

(title of officer)

FORM ACR-1

CERTIFICATE OF ASSUMING CERTIFIED REINSURER

I,	,,				
(name of off		(title of officer)			
of		, the assuming insurer			
	(name of assuming insurer)				
under a reinsurance agreeme	ent with one or more insurers domiciled in				
approval in this state, hereby	certify that	, in order to be considered for			
	(name of state)				
	("Assuming Insurer"):				
	(name of assuming insurer)				

- 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 (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.
- 3. Submits to the authority of the Insurance Commissioner of to examine (ceding insurer's state of domicile) its books and records and agrees to bear the expense of any such examination.
- 4. Submits with this form a current list of insurers domiciled in (ceding insurer's state of domicile) reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Insurance Commissioner at least once per calendar quarter.
- 5. 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.
- 6. 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.
- 7. Agrees to annually file information comparable to relevant provisions of the NAIC financial statement for use by insurance markets in accordance with [cite relevant provision of the state equivalent of the Credit for Reinsurance Model Regulation.]
- 8. Agrees to annually file the report of the independent auditor on the financial statements of the insurance enterprise.

OAR 836-012-0000 Exhibit 2

- 9. Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion in accordance with [cite relevant provision of the state equivalent of the Credit for Reinsurance Model Regulation.]
- 10. Agrees to annually file an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers.
- 11. Is in good standing as an insurer or reinsurer with the supervisor of its domiciliary jurisdiction.

Dated:		
		(name of assuming insurer)
	ВҮ:	(name of officer)

Form CR-F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

T	2	3	4	5		Reinsurance On		9	10	11	12	13	14	15
mpany ode or ID umber		Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	g Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust

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Form CR-F - PART 2

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

									Keni	surance Recove	rable On				Remound	ice Payable	18	19
Company Code or ID Number		Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	7 Paid Losses	8 Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17]	Funds Held by Company Under Reinsurance Treaties
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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 Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
Company Code or			Name		Type of	Amount of			Reinsurance Payable on Paid and	Modified	Funds Withheld Under
ID Number	9	Effective Date	of Reinsured	Location	Reinsurance Assumed	In Force at End of Year	Reserve	Premiums	Unpaid Losses	Coinsurance Reserve	Coinsurance


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## Form CR-S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

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

## Form CR-S-PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
Company			Name		Missalverso	0.0000000000000000000000000000000000000
Code or		Effective	of		Paid	Unpaid
ID Number		Date	Company	Location	Losses	Losses
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Totals—Life,	Annuity and	d Accident and	l Health			

## 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	2	3	4	5	6	7		A760 2700	10	1000 0000 TAC	127 12	13	14
C							7/37/7/20	ve Credit aken		Outstandin Rel			Funds
Company Code or			Name		Type of	Amount in	8	9		11	12	Modified	Withheld
ID		Effective	of	es: 1	Reinsurance	Force at	Current	Prior		Current	Prior	Coinsurance	Under
Number		Date	Company	Location	Ceded	End of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
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#### FORM RJ-1

#### CERTIFICATE OF REINSURER DOMICILED IN RECIPROCAL JURISDICTION

I, (name of officer), _	(title of officer) of
	(name of assuming insurer), the
assuming insurer under a reinsurance agreement with	h one or more insurers domiciled in the state of
Oregon, in order to be considered for approval in this	state, hereby certify that
	(name of assuming insurer):

- 1. Submits to the jurisdiction of any court of competent jurisdiction in the state of Oregon 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. The assuming insurer agrees that it will include such consent in each reinsurance agreement, if requested by the director. 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, except to the extent such agreements are unenforceable under applicable insolvency or delinquency laws.
- 2. Designates the Director of the Department of Consumer and Business Services of the state of Oregon as its lawful attorney in and for the state of Oregon upon whom may be served any lawful process in any action, suit or proceeding in this state arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.
- 3. Agrees to pay all final judgments, wherever enforcement is sought, obtained by a ceding insurer, that have been declared enforceable in the territory where the judgment was obtained.
- 4. Agrees to provide prompt written notice and explanation if it falls below the minimum capital and surplus or capital or surplus ratio, or if any regulatory action is taken against it for serious noncompliance with applicable law.
- 5. Confirms that it is not presently participating in any solvent scheme of arrangement, which involves insurers domiciled in the state of Oregon. If the assuming insurer enters into such an arrangement, the assuming insurer agrees to notify the ceding insurer and the director, and to provide 100% security to the ceding insurer consistent with the terms of the scheme.
- 6. Agrees that in each reinsurance agreement it will provide security in an amount equal to 100% of the assuming insurer's liabilities attributable to reinsurance ceded pursuant to that agreement if the assuming insurer resists enforcement of a final U.S. judgment, that is enforceable under the law of the territory in which it was obtained, or a properly enforceable arbitration award whether obtained by the ceding insurer or by its resolution estate, if applicable.
- 7. Agrees to provide the documentation in accordance with OAR 836-012-0048(3)(e), if requested by the director.

# Exhibit 5 OAR 836-012-0000

Dated:		
		(name of assuming insurer)
	BY:	(name of officer)
		(title of officer)