



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE**

Financial Affairs Section
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243
(615) 741-1633

**ACCREDITED REINSURER
LICENSING PACKET**

ALL APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

Phil Adams Tennessee Department of Commerce and Insurance
Financial Affairs Section
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243

Requirements to be an Accredited Reinsurer

The following items are required by the Tennessee Department of Commerce and Insurance in order to request approval as an Accredited Reinsurer in the State of Tennessee.

1. A non-refundable check for \$675.00, payable to the Tennessee Department of Commerce and Insurance, for receiving and reviewing the application for accreditation.
2. Submit to this state's authority to examine its books and records along with evidence of its submission to this state's jurisdiction ("General Agreement of Assuming Insurer").
3. To be accredited a Company must:
 - a. Be licensed to transact insurance or reinsurance in at least one (1) state, or in the case of a United States branch of an alien assuming insurer is entered through and licensed to transact insurance or reinsurance in at least one (1) state.
 - b. Maintain a surplus as regards policyholders in an amount which is not less than twenty million dollars (\$20,000,000) and whose accreditation has been approved by the Commissioner within ninety (90) days of its submission.
4. An annual statement bearing original certification by the domiciliary state, or bearing original signatures and notarization.
5. An Actuarial Opinion bearing original signature.
6. A copy of the Company's most recent audited financial statement.
7. NAIC UCAA "Uniform Consent to Service of Process" form, including attestation of Board Resolution authorizing this Power of Attorney. (The form is available on the web at: www.naic.org/ucaa/forms/forms.htm , "Uniform Consent to Service of Process" link.)
8. A current Certificate of Compliance bearing original certification by the domiciliary state.
9. Fees that would be charged a Tennessee company making application to be an accredited reinsurer in your state of domicile. (Form enclosed)
10. Best Report: The applicant must provide copies of the company's most recent Best rating report or state the reason for the lack of availability.
11. IRIS Ratios: The applicant must provide NAIC IRIS test results for the last three (3) years including the applicant's explanations of all exceptional results.
12. Examination Report: A certified copy of the most recent Examination Report performed by the domiciliary state, accompanied by the company's responses to any Comments or Recommendations.
13. To remain accredited a company must file the following items annually:
 - a. A statement on or before March 1 of each year with original signatures and notarization.
 - b. A check for the \$515.00 (or retaliatory fee, whichever is greater) filing fee, made payable to the Tennessee Department of Commerce and Insurance on or before March 1 of each year.
 - c. Most current Actuarial Opinion with original signatures.
 - d. Most current audited financial statement.
 - e. The company must maintain surplus as regards policyholders of not less than twenty million (\$20,000,000).
 - f. Annual Statements must be filed with the NAIC.

GENERAL AGREEMENT OF ASSUMING INSURER

I, _____, _____
(Name of Officer) (Title of Officer)

of _____
(Name of Company)

assuming insurer under a reinsurance agreement(s) with one or more insurers domiciled in Tennessee, hereby certify that _____

(Name of Assuming Insurer)

1. Submits to the jurisdiction of any court or competent jurisdiction in Tennessee 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 any appellate court in the event of 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 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 Commissioner of the Department of Commerce and Insurance of the State of Tennessee, hereafter, Commissioner, as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement(s) instituted by or on behalf of the ceding insurer.
3. Submits to the authority of the Commissioner 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 domiciled in Tennessee reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Commissioner at least once per calendar quarter.

Date: _____

(Name of Assuming Insurer)

(Name of Officer)

(Title of Officer)



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 Nashville, Tennessee 37243
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RETALIATORY STATEMENT

To be completed by the official having supervision of Insurance in the State of Domicile

(Name of Company) (Address)

TO COMMISSIONER OF COMMERCE AND INSURANCE:

The aforementioned company is applying to be an Accredited Reinsurer in Tennessee. A like Tennessee Company applying to be an Accredited Reinsurer in your state would be required to have:

Paid up capital:	\$ _____
Surplus over liabilities:	\$ _____
Surplus to policyholder including capital stock	\$ _____
A deposit in Tennessee	\$ _____
A deposit in your home state (For the Protection of ALL policyholders)	\$ _____

A like Tennessee company would be required to pay fees and other charges as follows:

Fees for being an Accredited Reinsurer (itemized):

Annual Renewal Fees (itemized):

All other charges (please itemize, state charges, basis of computation and dates payable)

Name: _____

Title: _____

Date: _____