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COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION, BUREAU OF INSURANCE

CERTIFICATE OF ASSUMING INSURER
YEAR ENDED DECEMBER 31, 20___

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<u>A PROPERLY EXECUTED FORM SHOULD BE FILED BY ACCREDITED, LIMITED-ACCREDITED, SUBSTANTIALLY SIMILAR AND</u> <u>TRUSTEED REINSURERS OPERATING IN VIRGINIA</u>.

PART I: IDENTIFYING DATA

_____   _____
State of Domicile or Entry   NAIC Co. Code

_____
Name of Assuming Insurer

_____
Statutory Home Office (Street Address, City, State, and Zip Code)

_____
Administrative Mailing Address (Street Address, City, State, Zip Code)

_____   (_____) _____
Contact Person for Regulatory Mail   (Area Code) Telephone Number
****

PART II: AFFIDAVIT AND SUBMISSIONS

On behalf of _____
                                                      ("Assuming Insurer")
I, _____, _____,
                    (Name of Officer)   (Title)

of Assuming Insurer, request verification from the State Corporation Commission of the Commonwealth of Virginia ("Commission") of authorization pursuant to Title 38.2 of the Code of Virginia as the following type of assuming insurer (*check one*):

Accredited Reinsurer	Substantially Similar Reinsurer	
_____ § 38.2-1316.2 C 2	_____ §38.2- 1316.2 C 3	
Trusteed Reinsurer (Single Assuming Insurer)	Trusteed Reinsurer (Assoc. of Underwriters)	Trusteed Reinsurer (Assoc. of Underwriters Under Common Control)
_____ § 38.2- 1316.2 C 4 a	_____ § 38.2- 1316.2 C 4 c	_____ § 38.2- 1316.2 C 4 d

and in support thereof (i) verify the accuracy of the above identifying data and (ii) certify to the Commission that Assuming Insurer:

1. Is now or may in the future be an assuming insurer under a reinsurance agreement(s) with one or more insurers domiciled in the Commonwealth of Virginia.

2. Is licensed to transact the business of insurance or reinsurance in its state of domicile or entry.

3. Is fully authorized to actively solicit and conduct this business in its state of domicile or entry.

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4. Reports its financial condition (statutory basis) as of _____,
20 _____ (*end of most recent calendar year*) to be as follows:

Liabilities: _____

Surplus to Policyholders: _____

Total Admitted Assets: _____

Trusteed Surplus (Alien Reinsurer Only): _____

5. Submits to the jurisdiction of any court of competent jurisdiction in the Commonwealth of Virginia for the adjudication of any issues arising out of **any** reinsurance agreement(s) involving an insurer domiciled in the Commonwealth of Virginia, 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 as 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).

6. Designates and appoints the Clerk of the Commission, and his successor or successors, in office, as its lawful attorney upon whom may be served, pursuant to § 12.1-19.1 and § 38.2-1316.2 of the Code of Virginia, any lawful process in any action, suit or proceeding arising out of the reinsurance agreement(s) instituted by or on behalf of a ceding insurer now or hereafter domiciled in the Commonwealth of Virginia.

7. Submits to the authority of the Commission to make or direct to be made an examination into its affairs, including its books and records and agrees further to bear the expense of any such examination.

_____   _____
                (Assuming Insurer)   (Date)

Dated and signed this _____ day of _____, 20_____ at _____.

_____, being duly sworn according to law, deposes and says
                  (Name of Officer)
that the answers to the questions and the declarations contained in this certificate are true and correct.

_____ _____
        (Signature of Officer)   (Title)