

**APPLICATION
INDEMNITY REINSURANCE**

To the California Insurance Commissioner
For consent to an Indemnity Reinsurance Transaction
Pursuant to California Insurance Code section 1011(c)

I. APPLICANT

Name
Address
State of Domicile

Notices and correspondence concerning this Application should be addressed to the following person:

(Provide the person's name, title, address, email address, and telephone number.)

II. IDENTITY OF PARTIES TO TRANSACTION

Provide the following information for each of the parties to the transaction:

- (a) Name
- (b) Home office address
- (c) Principal executive office address
- (d) Describe the party's organizational structure (e.g., stock corporation, mutual, etc.).
- (e) Provide a description of the party's business operations.
- (f) Describe the relationship, if any, to the insurer filing the application.
- (g) State whether or not the insurer is admitted in California, or is an Accredited Reinsurer or Certified Reinsurer in California, or has an Approved U.S. Trust in California.

III. DESCRIPTION OF THE TRANSACTION

- (a) Provide a detailed description of the transaction.
- (b) State the proposed date of inception and the term.
- (c) Attach a copy of the proposed agreement.
- (d) If the agreement is an inter-company pooling agreement:
 - (1) Identify the lead company in the pool.
 - (2) Identify participants that are not admitted in California.
 - (3) Identify participants admitted in California that are not licensed for all classes of business in the pool; explain.
 - (4) State each participant's share of any retrocession.
- (e) If the reinsurer, or any participant in an inter-company pooling agreement, is not admitted in

California, and is not an Accredited Reinsurer or Certified Reinsurer in California, nor a reinsurer with an Approved U.S. Trust in California, and the agreement is not on a funds withheld basis, provide a copy of the proposed letter of credit or proposed reinsurance trust agreement that is required pursuant to California Insurance Code section 922.5 to permit statement credit for a California ceding insurer. Please note that the forms will be required to comply with California Code of Regulations, title 10, section 2303.7 or 2303.8, as relevant.

- (f) Identify any agreements of any nature between the Applicant or its affiliates and the reinsurer.
- (g) Provide a certified copy of a resolution adopted by the Applicant's board of directors which approves the reinsurance transaction and authorizes application to the California Department of Insurance for the Commissioner's consent thereto.
- (h) Identify any reinsurance intermediary involved in the transaction.
- (i) State if any party to this transaction presently has any open matter of any nature pending before this Department; if so, please identify.
- (j) Attach a completed Property & Casualty Reinsurance Checklist or a Life Reinsurance Checklist, as relevant.
- (k) If a party is not admitted in California, and is not an Accredited Reinsurer or a Certified Reinsurer in California, nor an insurer with an Approved U.S. Trust in California, attach a completed form AR-2, Designation of Agent for Service of Process and Consent to Jurisdiction.
- (l) Provide pre and post reinsurance pro-forma statutory financial statements (Balance Sheet and Summary of Operations) as of the effective date of the transaction, using the following format:

Actual
(As of 12/31/xx)

Reinsurance
Transaction

Post-Reinsurance
(As of 12/31/xx)

IV CERTIFICATION

I certify that I am authorized on behalf of the above named Applicant to execute this Application; that I am familiar with the matters set forth herein; and further, that all statements contained herein are true and correct to the best of my knowledge and belief.

Date:

Signature:

Name:

Title: