
FORM AR-1

CERTIFICATE OF ASSUMING INSURER

The undersigned insurer, the Assuming Insurer under a reinsurance agreement with one or more insurers domiciled in California, hereby certifies that it:

1. Submits to the authority of the Insurance Commissioner of California (“Commissioner”) to examine its books and records and agrees to bear the expense of any such examination.
2. Submits with this form a current list of insurers domiciled in California reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to Commissioner at least once per calendar quarter, unless the Commissioner approves another reporting interval for additions to or deletions from the list.

Assuming Insurer: _____

NACI # _____

By (Chairman, President or
any Vice President): _____

Title: _____

Date: _____

By (Corporate Secretary, any
Assistant Secretary, Chief
Financial Officer or any
Assistant Treasurer): _____

Title: _____

Date: _____

State/County:

On _____ before me, _____, personally appeared _____ and _____, known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signatures on the instrument the Assuming Insurer, upon behalf of which the persons acted, executed the instrument.

Witness my hand and official seal:

Signature _____ Notary Public