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FORM AR-1
CERTIFICATE OF ASSUMING INSURER

I, _____, _____ of
(name of officer) (title of officer)
_____, the assuming insurer
(name of assuming insurer)
under a reinsurance agreement(s) with one or more insurers domiciled in
_____, hereby certify that
(name of state)
_____, ("Assuming Insurer"):
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in
_____ for the adjudication of any issues arising
(ceding insurer's state of domicile)
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 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(s) to arbitrate
their disputes if such an obligation is created in the agreement(s).

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(s)
instituted by or on behalf of the ceding insurer.

3. Submits to the authority of the Insurance Commissioner of _____
_____ to examine its books and records and
(ceding insurer's state of domicile)
agrees to bear the expense of any such examination.

4. Submits with this form a current list of insurers domiciled in
_____ reinsured by Assuming Insurer and
(ceding insurer's state of domicile)
undertakes to submit additions to or deletions from the list to the
Insurance Commissioner at least once per calendar quarter.

Dated: _____
(name of assuming insurer)

BY: _____
(name of officer)

(title of officer)