



**Application For Obtaining
Authorized/Accredited Reinsurer Status**

(If Not Licensed in Wisconsin)

Ref: Ch. Ins 52, Wis. Adm. Code

Name of Assuming Insurer		
State of Domicile	NAIC No.	Fed I.D. No.
Contact Person Name		Telephone No. ()
Email Address for Contact Person		

Indicate with a check mark the section of ch. Ins 52, Wis. Adm. Code, under which the application is being made. Please also check each of the required items listed under that section to indicate their inclusion with the filing of your application. For reference, see [ch. Ins 52, Wis. Adm. Code](#) for the applicable sections of the Wisconsin Administrative Code and a copy of **Form AR-1**. This code chapter also provides information regarding subsequent filings.

NOTE: Items identified with an asterisk to be filed on or before due dates to maintain authorized/accrued reinsurance status. There are no filing fees.

_____ Applying under s. Ins 52.02 (2), Wis. Adm. Code. The reinsurer is applying for **accrued status** in Wisconsin due to the fact it is not domiciled in an accrued state and/or has less than \$20,000,000 in surplus and seeks to be considered an authorized reinsurer when assuming from unaffiliated companies.

_____ A complete and properly executed Form AR-1 is enclosed.

_____ A current list of Wisconsin-domiciled insurers reinsured by the reinsurer is attached.

_____ A certified copy of a letter, certificate of authority, or certificate of compliance from domiciliary state evidencing licensed status is enclosed.

_____ A copy of the reinsurer's most recent annual statement, most recent quarterly statement, and most recent audit report is enclosed.

_____ Applying under s. Ins 52.02 (3), Wis. Adm. Code. The reinsurer is "domiciled and licensed in" or "a U.S. branch of an assuming alien insurer is entered through" **a state with similar or stricter credit for reinsurance requirements** and "assumes the reinsurance under pooling arrangements among insurers in the same holding company system" or "maintains policyholder surplus in an amount not less than \$20,000,000."

_____ A complete and properly executed Form AR-1 is enclosed.

_____ A current list of Wisconsin-domiciled insurers reinsured by the reinsurer is attached.

_____ Applying under s. Ins 52.02 (4), Wis. Adm. Code. The reinsurer is applying to become authorized under the **trust fund method** and maintains a trust balance greater than or equal to the sum of \$20,000,000 plus the reinsurer's liabilities attributable to business written in the U.S. or the reinsurers are a group of incorporated and individual unincorporated underwriters, and the group maintains a trust fund balance of at least \$100,000,000 plus the group's aggregate liabilities attributable to business written in the U.S.

_____ *Copies of the most recent annual and quarterly statements representing the business written in the U.S., on the form prescribed by the National Association of Insurance Commissioners (NAIC) identical to that used for licensed insurers, and in accordance with the NAIC's Annual Statement Instructions, including those specifying a "Statement of Actuarial Opinion" by a qualified actuary. (Subsequent filings due annually by March 1.)

_____ *A trustee's report is enclosed indicating: (1) the current balance of the trust fund, (b) a current listing of the trust's investments, (c) the date of termination, if so planned, or certification that the trust shall not expire prior to the following December 31st. (To be filed annually, no later than February 28 of each year.)

_____ *If reinsurers are a group of incorporated and individual unincorporated underwriters, a certification of solvency of each underwriter by the group's domestic regulator and independent CPAs is enclosed. (Certification due annually, by June 1.)

(disclose below or attach a listing)

[illegible]