



**FORM AR-2**

**CERTIFICATE OF ASSUMING INSURER (REINSURER DOMICILED IN ANOTHER STATE)**

I, \_\_\_\_\_, \_\_\_\_\_,  
(NAME OF OFFICER) (TITLE OF OFFICER)

of \_\_\_\_\_, the assuming insurer under a  
(NAME OF ASSUMING INSURER)

reinsurance agreement(s) with one or more insurers domiciled in Missouri, hereby certify that

\_\_\_\_\_  
(NAME OF ASSUMING INSURER)

(Assuming Insurer):

1. Submits to the authority of the Director of the Missouri Department of Commerce and Insurance to examine its books and records and agrees to bear the expense of any such examination.
2. Submits a Certified Copy of the Certificate of Authority for the State of \_\_\_\_\_, the state of domicile.
3. Agrees to submit the most recent annual statement with this application and to the Missouri Department of Commerce and Insurance each year by the guidelines contained in 20 CSR 200-1.030.
4. Acknowledges that their state of domicile has adopted credit for reinsurance legislation substantially similar to the State of Missouri (NAIC Model Act).
5. Certifies that its reinsurance agreements with Missouri domestic companies contain a provision pursuant to section 375.246.1 (8)(a), RSMo, whereby "in the event of the failure of the assuming insurer to perform its obligations under the terms of the reinsurance agreement, the assuming insurer, at the request of the ceding insurer shall submit to the jurisdiction of the courts of this state, will comply with all requirements necessary to give such courts jurisdiction, and abide by the final decisions of such courts or of any appellate courts in this state in the event of an appeal."

NAME OF OFFICER	TITLE OF OFFICER
SIGNATURE OF OFFICER	DATE