



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
REINSURER APPLICATION

PLEASE SUBMIT TO:
 COMPANYLICFORMS@INSURANCE.MO.GOV

INSTRUCTIONS FOR APPLICATION

All companies licensed to transact insurance business in the State of Missouri under Chapters 376 or 379 are authorized reinsurers. Other reinsurers may choose to secure the reinsurance credit or become authorized as outlined below. Security for reinsurance credits to unauthorized reinsurers must meet the standards in Section 375.246.2, RSMo. Any reinsurance credits taken which are not secured and are not ceded to any authorized reinsurer will be disallowed.

This application should not be used to apply for certified reinsurer or reciprocal jurisdiction reinsurer authority. Review the websites specific to those authorities for more information on the application process.

APPLICATION TYPE

- Accredited Reinsurer – Section 375.246.1(2), RSMo and 20 CSR 200-2.100(3)
- Reinsurer Domiciled in Another State – Section 375.246.1(3), RSMo and 20 CSR 200-2.100(4)
- Trusteed Reinsurer – Section 375.246.1(4), RSMo and 20 CSR 200-2.100(5)

COMPANY NAME	DOMICILE	NAIC #
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ADDRESS INFORMATION

STATUTORY HOME OFFICE ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)

MAILING ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)

MAIN ADMINISTRATIVE OFFICE ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)

BUSINESS ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)

CONTACT INFORMATION

CONTACT NAME	CONTACT PHONE	CONTACT E-MAIL
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CHECKLIST OF MATERIALS TO BE INCLUDED WITH APPLICATION

- Application Fee of \$1,000, payable by check or electronically
- Completed Application
- Appointment of Missouri Director of the Department of Commerce and Insurance as attorney to accept service of legal process in Missouri (MO 375-0462 or UCAA Form 12)
- Current Certificate of Authority, Certificate of Compliance or letter from domiciliary state providing evidence the company is licensed to transact insurance or reinsurance in at least one state or, in the case of a United States branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state
- Unless filed with the NAIC per 20 CSR 200-1.030, a copy of the most recent annual statement and audited financial statement filed with the domestic regulator
- Certificate of Assuming Insurer [Form AR-1] – *Accredited Reinsurer or Trusteed Reinsurer only*
- Certificate of Assuming Insurer [Form AR-2] – *Reinsurer Domiciled in Another State only*
- Documentation demonstrating compliance with each of the requirements of Section 375.246.1(4), RSMo – *Trusteed Reinsurer only*

By signing my name below, I affirm that I am authorized to sign this form on behalf of the applicant reinsurer and that the applicant reinsurer submits to the authority of the Department of Commerce and Insurance to examine its books and records pursuant to Section 374.205, RSMo as described in the attached Form AR-1 or Form AR-2.

AUTHORIZED OFFICER SIGNATURE

NAME (PRINTED)	DATE
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TITLE	SIGNATURE
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