



FORM AR-1

CERTIFICATE OF ASSUMING INSURER (ACCREDITED OR TRUSTEED REINSURER)

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 jurisdiction of any court of competent jurisdiction in Missouri for the adjudication of any issues arising 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 Director of the Missouri Department of Commerce and Insurance 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 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.
4. Submits with this form a current list of insurers domiciled in Missouri reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list of the insurance director at least once per calendar quarter.

NAME OF OFFICER	TITLE OF OFFICER
SIGNATURE OF OFFICER	DATE