

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**DIVISION OF INSURANCE**

124 S. Euclid Ave., 2nd Floor, Pierre, South Dakota 57501  
Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

**QUALIFIED REINSURER APPLICATION – without Trust  
(SDCL 58-14-10)**

Company Name \_\_\_\_\_ Company NAIC # \_\_\_\_\_

I, the undersigned, do hereby have the authority to sign for and bind  
\_\_\_\_\_ (company name) which  
desires recognition as a qualified reinsurer and in order to qualify swear and attest to the  
following:

- 1) The company agrees to submit to this state's jurisdiction and this state's authority to examine its books and records.
- 2) It is domiciled and licensed to transact insurance or reinsurance in the state of \_\_\_\_\_.
- 3) The company's surplus as regards policyholders is at least \$20,000,000.
- 4) It shall file the most recent Association Examination Report, as such report becomes available.
- 5) If there are any changes in the circumstances or information in sections 1-4 above, the company will, within fifteen (15) days of that change, notify the Division of the change.
- 6) The company understands that the filing of any false or misleading or incomplete information may cause the application to be denied or approval withdrawn and may result in administrative action.
- 7) Attached to this application is a copy of the most recent examination report.
- 8) The company understands the duties imposed on it by SDCL Chapter 58-14 and agrees to comply with them.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_

Name (typed) \_\_\_\_\_

Title \_\_\_\_\_

*Completed applications, supporting documentation and filing fees should be submitted to the Division at the mailing address shown at the top of this form.*