

DIVISION OF INSURANCE

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**Annual Filing for Reinsurer of South Dakota Self-Funded
Nonprofit Agricultural Organization Health Benefit Plans**

I. Basic Information

Name of Reinsurer	NAIC Number
Address	Phone Number
Contact Person Name:	Contact Person Title
Contact Person Email:	Phone Number

II. Attachments

- Copy of any risk distribution arrangements between the reinsurer and nonprofit agricultural organization(s).
- Signed and certified actuarial statement of plan reserves and existence of reinsurance coverage for each health benefit plan under SDCL 58-1-3.4.

Submitted by:

Signature	Date
Printed Name	
Title	