

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

**APPLICATION FOR ACCREDITATION AS REINSURER
(SDCL 58-14-9)**

Company Name _____ Company NAIC # _____

I, the undersigned, do hereby have the authority to sign for and bind _____ (company name) which desires recognition as an accredited 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) It shall file by March 1 of each year a copy of its annual statement.
- 4) It shall file the most recent audited financial statement and Association Examination Report as such reports become available.
- 5) The company's current surplus as regards policyholders is _____.
- 6) If there are any changes in the circumstances or information in sections 1-5 above, the company will, within fifteen (15) days of that change, notify the Division of the change.
- 7) 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that the filing of any false or misleading or incomplete information may cause the application to be denied or approval withdrawn and may result in administrative action.
- 8) Attached to this application are copies of the most recent annual statement, audited financial statement, and the most recent examination report.
- 9) 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.