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information may cause the application to be denied or approval withdrawn and may result in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.

REV 11/2017