

Application/Renewal for Recognition as a Complementary Reinsurer

PLEASE FILE THE FOLLOWING INFORMATION WITH THE U.S. DEPARTMENT OF TREASURY, BUREAU OF THE FISCAL SERVICE, SURETY BOND BRANCH, ON AN ANNUAL BASIS.

Date:	<input type="text"/>
Company Name:	<input type="text"/>
RJIN Number:	<input type="text"/>
Domiciled Jurisdiction:	<input type="text"/>
State Recognized by:	<input type="text"/>
Mailing Address Line 1:	<input type="text"/>
Mailing Address Line 2:	
City	
State/Province	
Zipcode/Postcode	
Company Contact Name:	<input type="text"/>
Contact Number:	<input type="text"/>
Contact Email:	<input type="text"/>
Company President:	<input type="text"/>

Note: In addition to the above information, please provide the items outlined in Treasury's Annual Filing Checklist for Complementary Reinsurers as required by CFR 223.12(i)(3).

Annual Filing Checklist Complementary Reinsurer

- THE FOLLOWING CHECKLIST IS PROVIDED TO ASSIST YOUR COMPANY IN ELECTRONICALLY SUBMITTING A COMPLETE FILING TO THIS DEPARTMENT PER 31 CFR 223.12(i)
- PLEASE MARK EVERY ITEM ON THE CHECKLIST Y OR N/A
- IF N/A IS CHECKED, PLEASE INCLUDE AN EXPLANATION AS TO WHY THE DOCUMENT IS NOT INCLUDED
- THE SURETY BOND PROGRAM ONLY ACCEPTS ELECTRONIC SUBMISSIONS OF DOCUMENTS

Check appropriate box:

Initial Application (2 years of data)

Annual Renewal (1 year of data)

Items to be Submitted

Submitted

Yes

N/A

- 1) Proof of payment for application/renewal (pay online at <https://fiscal.treasury.gov/surety-bonds/>)

- 2) All information provided by the company to any U.S. state regulator for means of recognition in the most recently completed calendar year(s). This should include, but is not limited to the following as outlined in the NAIC Uniform Checklist (https://content.naic.org/sites/default/files/inline-files/Uniform%20Checklist%20for%20Reciprocal%20Jurisdiction%20Reinsurers%206-9-2020_0%20%281%29.pdf):

a) Status of Reciprocal Jurisdiction

b) Minimum Capital and Surplus

c) Minimum Solvency and Capital Ratio

d) Form RJ-1

e) Financial/Regulatory Filings

f) Prompt Payment of Claims

Please detail additional items submitted below. Additionally, use the below space to provide comments as needed.

