

# **Department of Business Regulation**

Insurance Division 1511 Pontiac Avenue, Bldg. 69-2 Cranston, Rhode Island 02920

# **Insurance Bulletin Number 2018-10**

## **Credit for Reinsurance forms**

The following forms are to be utilized with <u>230-RICR-20-45-3</u>:

### FORM AR-1 CERTIFICATE OF ASSUMING INSURER

I,	(name of officer)	,(title of officer)
	of <u>(name of assuming insurer</u>	) , the assuming insurer under a
reins		re insurers domiciled in <u>(name of state)</u> suming insurer) ("Assuming Insurer"):
1.	(ceding insurer's state of domicile out of the reinsurance agreement(s necessary to give such court jurisc such court or any appellate court i paragraph constitutes or should be Assuming Insurer's rights to compurisdiction in the United States, to Court, or to seek a transfer of a cathe United States or of any state in intended to conflict with or overrights.	court of competent jurisdiction in for the adjudication of any issues arising s), agrees to comply with all requirements liction, and will abide by the final decision of in the event of an appeal. Nothing in this sunderstood to constitute a waiver of mence an action in any court of competent to remove an action to a United States District se to another court as permitted by the laws of a the United States. This paragraph is not de the obligation of the parties to the late their disputes if such an obligation is
2.	domicile) as its lawfu	sioner of (ceding insurer's state of attorney upon whom may be served any or proceeding arising out of the reinsurance ehalf of the ceding insurer.
3.	Submits to the authority of the Insinsurer's state of domicile) to e bear the expense of any such exam	examine its books and records and agrees to

4.	Submits with this form a current list	of insu	rers domiciled in <u>(ceding</u>	1
	insurer's state of domicile) reinsu	ired by	Assuming Insurer and undertak	es to
	submit additions to or deletions from	n the lis	t to the Insurance Commissione	er at
	least once per calendar quarter.			
Dated:				
(name	of assuming insurer)			
`	,	BY:		
			(name of officer)	
			(title of officer)	

#### FORM CR-1 CERTIFICATE OF CERTIFIED REINSURER

I,,	
(name of officer)	(title of officer)
of	, the assuming insurer
(name of assuming i	nsurer)
under a reinsurance agreement with one or i	
in order to be considered for approval in thi	(name of state) s state, hereby certify that
(name of assuming insure	("Assuming Insurer"):
1. Submits to the jurisdiction of any court o	f competent jurisdiction in(ceding insurer's state of domicile)
in the United States, to remove an action to transfer of a case to another court as permitt	give such court jurisdiction, and will abide opellate court in the event of an appeal. uld be understood to constitute a waiver of action in any court of competent jurisdiction a United States District Court, or to seek a ted by the laws of the United States or of any not intended to conflict with or override the
2. Designates the Insurance Commissioner of as its lawful attorney upon whom may be seen or proceeding arising out of the reinsurance ceding insurer.	(ceding insurer's state of domicile) erved any lawful process in any action, suit

- 3. Agrees to provide security in an amount equal to 100% of liabilities attributable to U.S. ceding insurers if it resists enforcement of a final U.S. judgment or properly enforceable arbitration award.
- 4. Agrees to provide notification within 10 days of any regulatory actions taken against it, any change in the provisions of its domiciliary license or any change in its rating by an approved rating agency, including a statement describing such changes and the reasons therefore.

- 5. Agrees to annually file information comparable to relevant provisions of the NAIC financial statement for use by insurance markets in accordance with § 3.8 of this regulation.
- 6. Agrees to annually file the report of the independent auditor on the financial statements of the insurance enterprise.
- 7. Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion in accordance with § 3.8 of this regulation.
- 8. Agrees to annually file an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers.
- 9. Is in good standing as an insurer or reinsurer with the supervisor of its domiciliary jurisdiction.

Dated	
	(name of assuming insurer)
	BY:
	(name of officer)
	(title of officer)

# Form CR-F – PART 1 Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5		Reinsurance On		9	10	11	12	13	14	15
					6	7	8						Amount of	
											Funds Held		Assets	
											By or		Pledged or	Amount of
Company					Paid Losses and						Deposited		Compensating	Assets
Code or					Loss			Contingent	Assumed		With	Letters	Balances to	Pledged or
ID		Name of	Domiciliary	Assumed	Adjustment	Known Case		Commissions	Premiums	Unearned	Reinsured	of	Secure Letters	Collateral
Number		Reinsured	Jurisdiction	Premium	Expenses	Losses and LAE	Cols. 6 + 7	Payable	Receivable	Premium	Companies	Credit Posted	of Credit	Held in Trust
	***************************************	•••••			***************************************									
		••••••												
							***************************************	***************************************			***************************************			
							***************************************	***************************************			***************************************			
	l		l	ı	1	1	ı	1	1			1		

# Form CR-F – PART 2 Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6				Reinst	ırance Recove	erable On				Reinsura	nce Payable	18	19
				Reinsurance		7	8	9	10	11	12	13	14	15	16	17		
				Contracts													Net Amount	Funds Held
				Ceding 75%													Recoverable	by
Company				or More of												Other	From	Company
Code or		Name		Direct	Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID		of	Domiciliary	Premiums	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through	Balances	Due to	Cols. 15 –	Reinsurance
Number		Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	14 Totals	Payable	Reinsurers	[16 + 17]	Treaties
•••••																		
•••••																		
•••••																		
				•••••														
				•••••														
0000000 5																		
9999999 Tot	als																	

#### Form CR-S – PART 1 – SECTION 1

# Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
Company Code or ID Number		Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Totals											

Form CR-S – PART 1 – SECTION 2
Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
•	-	3	7	3	· ·	,	o o	Reserve	10		12
								Liability			
Company					Type			Other Than	Reinsurance		Funds
Code or			Name		of			For	Payable on	Modified	Withheld
ID		Effective	of	Domiciliary	Reinsurance		Unearned	Unearned	Paid and	Coinsurance	Under
Number		Date	Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Coinsurance
					••••••				•••••		
***************************************									***************************************		
Totals											

Form CR-S – PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
Company			Name			
Code or		Effective	of		Paid	Unpaid
ID Number		Date	Company	Location	Losses	Losses
						•••••
						•••••
					•••••	•••••
						***************************************
Totale Life	Ammuiter and Assid	ont and Haalth	1	1		-
i otais—Life, i	Annuity and Accid	CIII AIIU FICAIUI				I

## Form CR-S – PART 3 – SECTION 1

# Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7			10			13	14
								ve Credit		Outstanding S	urplus Relief		
Company								aken			1	3.6 11.01 1	Funds
Code or ID		T. 66	Name of		Type of	Amount in	8	9		11	12	Modified	Withheld Under
		Effective Date	_ "-	Lasstian	Reinsurance Ceded	Force at	Current	Prior	ъ.	Current	Prior	Coinsurance	
Number		Date	Company	Location	Ceded	End of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
•••••													
•••••													
				•••••									
•••••			•••••										
•••••			•••••										
				•••••									
				•••••									
m-4-1-	l .												
Totals									l				

# Form CR-S – PART 3 – SECTION 2 Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Credit	Outstanding S	Surplus Relief	12	13
Company Code or ID Number		Effective Date	Name of Company	Location	Туре	Premiums	Unearned Premiums (Estimated)	Taken Other than for Unearned Premiums	10  Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										•••••		
				•••••								
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									•••••			
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