



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

Accredited/Trusted Reinsurer Application in West Virginia
(check appropriate boxes)

- | | | | |
|--------------------------|----------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Accredited Reinsurer | <input type="checkbox"/> | Trusted Reinsurer |
| <input type="checkbox"/> | New Application | <input type="checkbox"/> | Renewal Application |

NAIC #: _____
WV File #: _____
State of Domicile: _____
Company Name: _____
Mailing Address: _____
Contact Person: _____
Phone Number: _____
E-mail Address: _____

This Company hereby applies for license to transact insurance as an Accredited/Trusted Reinsurer as provided in W. Va. Code §33-4-15(a).

Signature of Officer

Name and Title of Officer (type or print)

Date

Due on or before March 1 (checklist):

- Signed Jurat page
- Certificate of Authority or Compliance
- Application for License (Form AR-2) for Accredited Reinsurers
- Trust Information, if applicable
- Filing Fee (\$100.00)

Accredited by the National Association of Insurance Commissioners