

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

	CERTIFICATE OF ASSU	JMING INSURER
ı		
٠,	(name of officer)	(title of officer)
of	(name of assuming insurer)	, the assuming insurer
und	der a reinsurance agreement with one or more insurers domic	(name of state)
hei	reby certify that(name of assuming insurer)	("Assuming Insurer"):
1.	Submits to the jurisdiction of any court of competent jurisdiction in Arizona for the adjudication of any issues arising out of the reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.	
2.	Designates the Director of the Arizona Department of Insurance and Financial Institutions ("Director") as its law attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsura agreement instituted by or on behalf of the ceding insurer. A copy of lawful process against or affecting the Assum Insurer served upon the Director of Insurance and Financial Institutions should be mailed to:	
	(name of per	son)
	,	,
	(name of company/	entity/firm)
	()	,
	(mailing addr	ess)
	(,
	(country, state and	zin code)
	, ,	
3.	Submits to the authority of the Director to examine its books examination.	and records and agrees to bear the expense of any such
4.	Submits with this form a current list of insurers domiciled in	
	reinsured by Assuming Insurer and undertakes to submit ad once per calendar quarter.	(ceding insurer's state of domicile) ditions to or deletions from the list to the Director at least
Dat	ed:	
		(name of assuming insurer)
		(signature of officer)
Send the document to <u>financialfilings@difi.az.gov</u> .		(title of officer)
	E AD 4 (v. 20244404)	
ГΟ	rm E-AR-1 (v 20211101)	