

Phone: (602) 364-3999 Email: financialfilings@azinsurance.gov

| | (name of officer) | (title of officer) |
|---|--|--|
| | | , the assuming insurer |
| | (name of assuming insurer) | |
| ler a reins | urance agreement with one or more insurers domiciled in | (name of state) |
| eby certify | / that_ | (name of state) ("Assuming Insurer"): |
| , | (name of assuming insurer) | |
| of the rein abide by constitute court of c transfer of This para | to the jurisdiction of any court of competent jurisdiction in Arinsurance agreement, agrees to comply with all requirements the final decision of such court or any appellate court in the sor should be understood to constitute a waiver of Assumicompetent jurisdiction in the United States, to remove an act of a case to another court as permitted by the laws of the Unagraph is not intended to conflict with or override the obligation their disputes if such an obligation is created in the agreement | necessary to give such court jurisdiction, and very event of an appeal. Nothing in this paragrang Insurer's rights to commence an action in a cion to a United States District Court, or to seed in the United States on of the parties to the reinsurance agreement |
| process i | es the Director of Insurance of the State of Arizona as its law n any action, suit or proceeding arising out of the reinsurance A copy of lawful process against or affecting the Assuming Ins d to: | agreement instituted by or on behalf of the cedi |
| | (name of person) | |
| | (name of company/entity/firm) | |
| | | |
| | (mailing address) | |
| | (mailing address) (country, state and zip code) | |
| | | ine its books and records and agrees to bear t |
| expense | (country, state and zip code) to the authority of the Insurance Director of Arizona to exam of any such examination. | ine its books and records and agrees to bear t |
| Submits verinsured | (country, state and zip code) to the authority of the Insurance Director of Arizona to exam | (ceding insurer's state of domicile) |
| Submits verification reinsured at least of | (country, state and zip code) to the authority of the Insurance Director of Arizona to exam of any such examination. with this form a current list of insurers domiciled in I by Assuming Insurer and undertakes to submit additions to | (ceding insurer's state of domicile) |
| Submits verification reinsured at least of | (country, state and zip code) to the authority of the Insurance Director of Arizona to exam of any such examination. with this form a current list of insurers domiciled in by Assuming Insurer and undertakes to submit additions to | (ceding insurer's state of domicile) or deletions from the list to the Insurance Direc |