



## Florida Office of Insurance Regulation

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### **APPLICATION FOR RECIPROCAL JURISDICTION REINSURER STATUS**

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation (“Office”).

Please submit all documents required by this packet in English and in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <https://www.floir.com/iportal> and select “Insurance Regulation Filing System (IRFS)” to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office by selecting iApply – Online Company Admissions at the following link:

<https://www.floir.com/iportal>

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to [lhappcoord@floir.com](mailto:lhappcoord@floir.com). Property and Casualty applicants are directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

**OIR-C1-518 New:**

**5/22**

**Rule 69O-144.002**

# APPLICATION FOR RECIPROCAL JURISDICTION REINSURER STATUS

## **INSTRUCTIONS**

### **\*Filing Requirements for Reciprocal Jurisdiction Reinsurer Recognized by Another NAIC-Accredited Jurisdiction**

In lieu of the entire Application for Reciprocal Jurisdiction Reinsurer Status, Applicants that have already been recognized as a reciprocal jurisdiction reinsurer in an NAIC accredited jurisdiction may instead choose to submit:

- 1) Service of Process (Section II-1),**
- 2) Authorization Letter (Section II-3, if applicable), and**
- 3) Documents meeting the requirements of the checklist on page 9 of this application.**

## **SECTION I - APPLICATION**

### **Section I-1 Application**

Applicants for Reciprocal Jurisdiction Reinsurer status in Florida must submit the Checklist and Application Certification (pages 7-9) included in this form, in addition to all other documentation and forms required herein.

### **Section I-2 Domiciled in a Reciprocal Jurisdiction**

An Applicant for status as a Reciprocal Jurisdiction Reinsurer in Florida must be licensed in, and have its head office in or be domiciled in, as applicable, a Reciprocal Jurisdiction. The Office maintains a list of current Reciprocal Jurisdictions on its website at:

<https://www.floir.com/Sections/PandC/ReciprocalJurisdictionReinsurers.aspx>

# APPLICATION FOR RECIPROCAL JURISDICTION REINSURER STATUS

## SECTION II - LEGAL

### **Section II-1** Service of Process Consent and Agreement

Provide an executed Form OIR-C1-1524, "Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process."

### **Section II-2** Certificate of Reinsurer Domiciled in Reciprocal Jurisdiction

Complete Form OIR-C1-517, "Certificate of Reinsurer Domiciled in Reciprocal Jurisdiction." This form must be executed by an officer of Applicant.

### **Section II-3** Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

## APPLICATION FOR RECIPROCAL JURISDICTION REINSURER STATUS

### SECTION III – FINANCIAL

#### **Section III-1 Minimum Capital and Surplus**

Applicant must have and maintain on an ongoing basis minimum capital and surplus, or its equivalent, calculated on at least an annual basis as of the preceding December 31 or at the annual date otherwise statutorily reported to its Reciprocal Jurisdiction, of no less than \$250 million USD.

This requirement may also be satisfied by an association, including incorporated and individual unincorporated underwriters, having minimum capital and surplus equivalents (net of liabilities) or own funds of the equivalent of at least \$250 million USD and a central fund containing a balance of at least \$250 million USD.

Written confirmation must be provided from its Reciprocal Jurisdiction that Applicant is in compliance with the minimum capital and surplus requirements as set forth above.

#### **Section III-2 Minimum Solvency or Capital Ratio**

Applicant must have and maintain on an ongoing basis a minimum solvency or capital ratio as follows:

- a) For Applicants qualifying pursuant to Section 624.610(4)(a)1., Florida Statutes, the ratio specified in the applicable in-force Covered Agreement where the assuming insurer is domiciled;
- b) For Applicants qualifying pursuant to Section 624.610(4)(a)2., Florida Statutes, a risk-based capital (“RBC”) ratio of 300 percent of the authorized control level calculated in accordance with Section 624.4085, Florida Statutes; or
- c) For Applicants qualifying pursuant to Section 624.610(4)(a)3., Florida Statutes, such solvency or capital ratio as determined by the Office to be an effective measure of solvency.

Written confirmation must be provided from its Reciprocal Jurisdiction that Applicant is in compliance with the minimum solvency or capital ratio requirements as set forth above.

#### **Section III-3 Audited Financial Statements**

Applicant’s annual audited financial statements for the 2 years preceding filing of this application, as filed with its Reciprocal Jurisdiction, including the external audit report.

**OIR-C1-518**

**New: 5/22**

**Rule 69O-144.002**

## **APPLICATION FOR RECIPROCAL JURISDICTION REINSURER STATUS**

### **Section III-4    Actuarial Opinion**

The two most recent actuarial opinions, as filed with Applicant's Reciprocal Jurisdiction. If Applicant's Reciprocal Jurisdiction did not require actuarial opinions, Applicant may file solvency and financial condition reports instead.

### **Section III-5    List of Disputed and Overdue Claims Information**

Applicant should provide a list of all disputed or overdue reinsurance claims outstanding for 90 days or more regarding reinsurance assumed from ceding insurers domiciled in the United States.

### **Section III-6    Prompt Payment of Claims Information**

Applicant should provide information regarding assumed reinsurance by ceding insurer, ceded reinsurance by the assuming insurer, and reinsurance recoverable on paid and unpaid losses by the assuming insurer for the Office to evaluate the prompt payment of claims pursuant to Rule 69O-144.011(3)(f), F.A.C.

# **APPLICATION FOR RECIPROCAL JURISDICTION REINSURER STATUS**

## **SECTION IV - MANAGEMENT**

### **Section IV-1 Management Information**

Submit Form OIR-C1-2221, "Management Information Form" fully describing Applicant's management and ownership. This form should include the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

# APPLICATION FOR RECIPROCAL JURISDICTION REINSURER STATUS

## CHECKLIST

Applicant Name: \_\_\_\_\_

Home Office Address: \_\_\_\_\_  
(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_

\_\_\_\_\_ (State/Province) \_\_\_\_\_ (Country) \_\_\_\_\_ (Zip Code or Equivalent)

Phone Number: \_\_\_\_\_

**Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.**

### SECTION I - APPLICATION

- 1. Completed Checklist and Certification
- 2. Applicant is licensed in, and has its head office or is domiciled in, as applicable, a Reciprocal Jurisdiction

### SECTION II – LEGAL DOCUMENTS

- 1. Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process (Form OIR-C1-1524)
- 2. Certificate of Reinsurer Domiciled in Reciprocal Jurisdiction (Form OIR-C1-517)
- 3. Authorization Letter, if applicable

# APPLICATION FOR RECIPROCAL JURISDICTION REINSURER STATUS

## CHECKLIST

Company Name: \_\_\_\_\_

### SECTION III – FINANCIAL

- 1. Written confirmation from its domiciliary jurisdiction that Applicant is in compliance with the minimum capital and surplus requirements
- 2. Written confirmation from its domiciliary jurisdiction that Applicant is in compliance with the minimum solvency or capital ratio requirements
- 3. Two years of audited financial statements as filed with Applicant's Reciprocal Jurisdiction, including the external audit reports
- 4. Two most recent actuarial opinions as filed with Applicant's Reciprocal Jurisdiction, or solvency and financial condition reports, as applicable
- 5. List of all disputed or overdue claims outstanding more 90 days or more
- 6. Prompt payment of claims information as covered in Section III-5

### SECTION IV – MANAGEMENT

- 1. Completed Management Information Form (Form OIR-C1-2221)

## Uniform Checklist for Reciprocal Jurisdiction Reinsurers

### **Reciprocal Jurisdiction Reinsurer Information:**

Company Name:

Address:

Primary Contact:

Domiciliary Jurisdiction / Supervisory Authority:

Applicable Lines of Business:

### **I. Filing Requirements for Reciprocal Jurisdiction Reinsurer Recognized by Another NAIC-Accredited Jurisdiction**

If an NAIC accredited jurisdiction has determined that a reciprocal jurisdiction reinsurer has met the conditions in that jurisdiction to become a reciprocal jurisdiction reinsurer, the Office may accept documentation filed with that NAIC accredited jurisdiction or with the NAIC to satisfy the reciprocal jurisdiction reinsurer's status in this state.

This does not limit the authority of the Office to request additional information pertaining to the reinsurance agreement, or any subsequent reinsurance agreement entered into by the assuming insurer and Florida ceding insurers, under section 624.610(4)(e), F.S.

<b><u>Citation to State Law / Regulation</u></b>	<b><u>Requirements</u></b>	<b><u>Y or N</u></b>	<b><u>Reference and Supporting Documents</u></b>
69O-144.002(5)(a)1., F.A.C.	<b>Form RJ-1:</b> An assuming insurer must submit a properly executed Form RJ-1 (OIR-C1-517, Certificate of Reinsurer Domiciled in Reciprocal Jurisdiction) and additional information as the commissioner may require, except to the extent that they conflict with a Covered Agreement.		
69O-144.002(5)(c), F.A.C	<b>Lead State:</b> If an NAIC accredited jurisdiction has determined that a reciprocal jurisdiction reinsurer has met the conditions in that jurisdiction to become a reciprocal jurisdiction reinsurer, the Office may accept documentation filed with that NAIC accredited jurisdiction or with the NAIC to satisfy the reciprocal jurisdiction reinsurer's status in this state.		

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
Uniform Consent to Service of Process**

\_\_\_\_\_ Original Designation

\_\_\_\_\_ Amended Designation

(must be submitted directly to states)

Applicant Company Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

Statutory Home Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ NAIC CoCode: \_\_\_\_\_

The Applicant Company named above, organized under the laws of \_\_\_\_\_, and regulated under the laws of \_\_\_\_\_ for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

**Applicant Company Officers' Certification and Attestation**

One of the two Officers (listed below) of the Applicant Company must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at \_\_\_\_\_.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of President

\_\_\_\_\_ Full Legal Name of President

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Secretary

\_\_\_\_\_ Full Legal Name of Secretary

**Uniform Certificate of Authority (UCAA)**  
**Uniform Consent to Service of Process**  
**Exhibit A**

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

<input type="checkbox"/> AL	Commissioner of Insurance # and Resident Agent*	<input type="checkbox"/> MO	Director of Insurance #
<input type="checkbox"/> AK	Director of Insurance #	<input type="checkbox"/> MT	Resident Agent*
<input type="checkbox"/> AZ	Director of Insurance # ^	<input type="checkbox"/> NE	Officer of Company* or Resident Agent* (circle one)
<input type="checkbox"/> AR	Resident Agent *	<input type="checkbox"/> NH	Commissioner of Insurance #
<input type="checkbox"/> AS	Commissioner of Insurance #	<input type="checkbox"/> NV	Commissioner of Insurance Commission # ^
<input type="checkbox"/> CO	Commissioner of Insurance # or Resident Agent*	<input type="checkbox"/> NJ	Commissioner of Banking and Insurance #^
<input type="checkbox"/> CT	Commissioner of Insurance #	<input type="checkbox"/> NM	Superintendent of Insurance #
<input type="checkbox"/> DE	Commissioner of Insurance #	<input type="checkbox"/> NY	Superintendent of Financial Services #
<input type="checkbox"/> DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	<input type="checkbox"/> NC	Commissioner of Insurance
<input type="checkbox"/> FL	Chief Financial Officer # ^	<input type="checkbox"/> ND	Commissioner of Insurance # ^
<input type="checkbox"/> GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	<input type="checkbox"/> OH	Resident Agent*
<input type="checkbox"/> GU	Commissioner of Insurance #	<input type="checkbox"/> OR	Resident Agent*
<input type="checkbox"/> HI	Insurance Commissioner # and Resident Agent*	<input type="checkbox"/> OK	Commissioner of Insurance #
<input type="checkbox"/> ID	Director of Insurance # ^	<input type="checkbox"/> PR	Commissioner of Insurance #
<input type="checkbox"/> IL	Director of Insurance #	<input type="checkbox"/> RI	Superintendent of Insurance ^
<input type="checkbox"/> IN	Resident Agent* ^	<input type="checkbox"/> SC	Director of Insurance #
<input type="checkbox"/> IA	Commissioner of Insurance #	<input type="checkbox"/> SD	Director of Insurance # ^
<input type="checkbox"/> KS	Commissioner of Insurance ^	<input type="checkbox"/> TN	Commissioner of Insurance #
<input type="checkbox"/> KY	Secretary of State #	<input type="checkbox"/> TX	Resident Agent*
<input type="checkbox"/> LA	Secretary of State #	<input type="checkbox"/> UT	Resident Agent* ^
<input type="checkbox"/> MD	Insurance Commissioner #	<input type="checkbox"/> VT	Resident Agent*
<input type="checkbox"/> ME	Resident Agent* ^	<input type="checkbox"/> VI	Lieutenant Governor/Commissioner#
<input type="checkbox"/> MI	Resident Agent *	<input type="checkbox"/> WA	Insurance Commissioner #
<input type="checkbox"/> MN	Commissioner of Commerce ~	<input type="checkbox"/> WV	Secretary of State # @
<input type="checkbox"/> MS	Commissioner of Insurance and Resident Agent* BOTH are required.	<input type="checkbox"/> WY	Commissioner of Insurance #

# For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Colorado will forward Service of Process to the Secretary of the Applicant Company and requires a resident agent for foreign entities. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

\* Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC\* requires an agent within a ten-mile radius of the District), (MT requires an agent to reside or maintain a business in MT).

^ Initial pleadings only.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the Applicant Company when the approval process reaches that point.

~ Minnesota does not forward Service of Process. To effectively serve the Commissioner of Commerce, use the process under Minn. Stat. § 45.028. Applicant Company may complete Exhibit B to provide a Service of Process address that Commerce may keep on file.

**Exhibit A**

**Uniform Certificate of Authority (UCAA)**  
**Uniform Consent to Service of Process**  
**Exhibit B**

Complete for each state indicated in Exhibit A:

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Exhibit B**

## **Resolution Authorizing Appointment of Attorney**

BE IT RESOLVED by the Board of Directors or other governing body of

\_\_\_\_\_,  
(Applicant Company Name)

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

\_\_\_\_\_  
\_\_\_\_\_  
in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

### **CERTIFICATION:**

I, \_\_\_\_\_, Secretary of

\_\_\_\_\_,  
(Applicant Company Name)

state that this is a true and accurate copy of the resolution adopted effective the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by the Board of Directors or governing board at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ or by written consent dated \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Secretary

## CERTIFICATE OF REINSURER DOMICILED IN RECIPROCAL JURISDICTION

I, \_\_\_\_\_, \_\_\_\_\_  
(name of officer) \_\_\_\_\_ (title of officer)

of \_\_\_\_\_, the assuming insurer  
(name of assuming insurer)

under a reinsurance agreement with one or more insurers domiciled in Florida, in order to be considered for

approval in this state, hereby certify that \_\_\_\_\_ ("Assuming Insurer"):  
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in Florida 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. The assuming insurer agrees that it will include such consent in each reinsurance agreement, if requested by the Florida Office of Insurance Regulation ("Office"). 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, except to the extent such agreements are unenforceable under applicable insolvency or delinquency laws.
2. Designates the Chief Financial Officer of the State of Florida as its lawful attorney in and for the state of Florida upon whom may be served any lawful process in any action, suit or proceeding in this state arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.
3. Agrees to pay all final judgments, wherever enforcement is sought, obtained by a ceding insurer, that have been declared enforceable in the territory where the judgment was obtained.
4. Agrees to provide prompt written notice and explanation if it falls below the minimum capital and surplus or capital or surplus ratio, or if any regulatory action is taken against it for serious noncompliance with applicable law.
5. Confirms that it is not presently participating in any solvent scheme of arrangement, which involves insurers domiciled in Florida. If the assuming insurer enters into such an arrangement, the assuming insurer agrees to notify the ceding insurer and the Office, and to provide 100% security to the ceding insurer consistent with the terms of the scheme.
6. Agrees that in each reinsurance agreement it will provide security in an amount equal to 100% of the assuming insurer's liabilities attributable to reinsurance ceded pursuant to that agreement if the assuming insurer resists enforcement of a final U.S. judgment, that is enforceable under the law of the territory in which it was obtained, or a properly enforceable arbitration award whether obtained by the ceding insurer or by its resolution estate, if applicable.
7. Agrees to provide the documentation in accordance with Section 624.610(4), Florida Statutes, and Rule 69O-144.008(3)(e) and (g), Florida Administrative Code, as required and/or requested by the Office.

Dated: \_\_\_\_\_  
(name of assuming insurer)

BY: \_\_\_\_\_  
(name of officer)

\_\_\_\_\_  
(title of officer)



## Florida Office of Insurance Regulation

### **Management Information Form**

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Officers, Directors, 10% (5% if an HMO) or Greater Shareholders, Managers, Members, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Incorporators, Key Individuals, and other like positions. Please type or print clearly.

Name of Entity: \_\_\_\_\_

#### **Individuals**

<b>Name</b>	<b>Title (e.g.: President)</b>	<b>Ownership %</b>
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#### **Entities**

<b>Name</b>	<b>Ownership %</b>
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\*Additional pages in like format may be attached as necessary