



**Government of the District of Columbia  
Department of Insurance, Securities and Banking**

**Application  
For  
Accredited Reinsurance**

**All applications, forms and fee of \$300.00 (made payable to DC  
Treasurer) should be mailed to the following:**

**DC Treasurer Insurance Bureau  
P.O. Box 712180  
Philadelphia, PA 19171-2180**

**If you have any questions, contact:**

**LuCynthia Jordan-Robinson (202) 442-7813  
Willie Hicks (202) 442-7814**

## Request for Accredited Reinsurance Status

Fein # \_\_\_\_\_

(Required)

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

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

\_\_\_\_\_

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

Primary Contact Name: \_\_\_\_\_

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

Primary Contact Phone Number: \_\_\_\_\_

We, the undersigned President (or chief executive officer) and secretary, on behalf of

\_\_\_\_\_, NAIC Code \_\_\_\_\_  
make application for accredited reinsurer status in the District of Columbia. We also do hereby  
and affirm to the requirements in order to receive accredited reinsurer status in the District of  
Columbia as follows:

1. Remit to the District a non-refundable fee of \$300.00, payable to DC Treasurer for receiving and reviewing the application for accreditation.
2. Is licensed to transact insurance or reinsurance in at least one (1) state, or in the case of a United States branch of an alien assuming insurer is entered through and licensed to transact insurance or reinsurance in the District or at least one (1) state.
3. Will maintain a surplus as regards policyholders in an amount which is not less than twenty million dollars (\$20,000,000) and whose accreditation has not been denied by the Commissioner within 90 days of its submission.
4. Will submit to District of Columbia authority to examine its books and records.
5. File annually with the Commissioner a copy of its annual statement filed with the insurance department of its state of domicile and a copy of its most recent audited financial statement.

Please provide the following documents:

1. A copy of the certificate of authority or certificate of compliance from resident state, or in the case of an alien assuming insurer, a copy of the certificate of authority/compliance on file with state through which it is entered and in which it is licensed to transact insurance or reinsurance and
2. A copy of Certificate of Assuming Insurance Form AR-i.

It is certified that Applicant is in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (Title 47, DC Code, Section 28).

Respectfully Submitted

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**For information on Accredited Reinsurance please refer to Title 31-501 Chapter 5, DC Code,**