FORM AR-1

CERTIFICATE OF ASSUMING INSURER

I,	,,
(name of officer)	(title of officer)
of	the assuming insurer
(name of assuming insurer)	
under a reinsurance agreement with one or more insurers of	domiciled in
	, hereby certify that
(name of state)	
	("Assuming Insurer"):
(name of assuming insurer)	
1. Submits to the jurisdiction of any court of competent ju	risdiction in
	(ceding insurer's state of domicile)
Nothing in this paragraph constitutes or should be underst action in any court of competent jurisdiction in the United a transfer of a case to another court as permitted by the law	decision of such court or any appellate court in the event of an appeal ood to constitute a waiver of Assuming Insurer's rights to commence at States, to remove an action to a United States District Court, or to seel so of the United States or of any state in the United States. This paragraph of the parties to the reinsurance agreement to arbitrate their disputes i
2. Designates the insurance Commissioner of	(ceding insurer's state of domicile)
as its lawful attorney upon whom may be served any lawfu agreement instituted by or on behalf of the ceding insurer.	of process in any action, suit of proceeding arising out of the remsurance
3. Submits to the authority of the Insurance Commissioner	r of to examine
its books and records and agrees to bear the expense of an	
4. Submits with this form a current list of insurers domicil	led in
reinsured by Assuming Insurer and undertakes to submit least once per calendar quarter.	(ceding insurer's state of domicile) additions to or deletions from the list to the Insurance Commissioner a
Dated:	
	(name of assuming insurer)
	BY:
	(name of officer)

(title of officer)