



## State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

DIVISION OF INSURANCE

OFFICE OF SOLVENCY REGULATION

PO Box 325

TRENTON, NJ 08625-0325

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PHIL MURPHY  
*Governor*

SHEILA OLIVER  
*Lt. Governor*

MARLENE CARIDE  
*Commissioner*

**To: Prospective Applicant**

**Re: Application to become an Accredited Reinsurer**

Thank you for your interest in becoming an Accredited Reinsurer in the State of New Jersey. **N.J.A.C. 11:2-28 Credit For Reinsurance** establishes the rules for becoming an accredited reinsurer in this state. Below is a summary of the documents that should be included with your application:

1. Letter requesting approval in accordance with above-stated regulations.
2. Non-refundable \$1,000 filing fee made payable to the Treasurer, State of New Jersey.
3. Properly executed form AR-1.
4. A certified copy of the applicant's certificate of authority or certificate of compliance.
5. Copy of the most recent annual statement.
6. Copy of the most recent annual audited financial statement.
7. Current actuarial opinion.
8. Most recent quarterly financial statement.

All applications should be sent to the following address:

New Jersey Department of Banking and Insurance  
Office of Solvency Regulation  
Attn: John Tirado  
P.O. Box 325  
Trenton, NJ 08625-0325

All questions on this subject should be directed to the following:

John Tirado at (609) 292-5350 ext. 50527, [john.tirado@dobi.nj.gov](mailto:john.tirado@dobi.nj.gov)

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