



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE
OFFICE OF SOLVENCY REGULATION
PO Box 325
TRENTON, NJ 08625-0325

PHIL MURPHY
Governor

SHEILA OLIVER
Lt. Governor

MARLENE CARIDE
Commissioner

TEL (609) 292-7272
FAX (609) 292-6765

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) 940-7433, john.tirado@dobi.nj.gov