



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 a Reinsurer Domiciled and Licensed in State or Jurisdiction with Substantially Similar Standards

Thank you for your interest in becoming a reinsurer domiciled and licensed in a state or jurisdiction with substantially similar standards as the State of New Jersey. **N.J.A.C. 11:2-28 Credit for Reinsurance** establishes the rules for becoming a reinsurer in this state. Below is a summary of the documents that should be included with your application:

1. Non-refundable \$250 filing fee made payable to the Treasurer, State of New Jersey.
2. Properly executed form AR-1.
3. A certified copy of the applicant's certificate of authority or certificate of compliance.
4. Certification by an officer which certifies the applicant financial condition.
5. Copy of the most recent annual statement.
6. Current actuarial opinion.

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

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