



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) 292-5350
FAX (609) 292-6765

To: Prospective Applicant

Re: Application to become a Reinsurer Maintaining Trust Funds

Thank you for your interest in becoming an Reinsurer Maintaining Trust Funds in 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. Letter requesting authorization in accordance with the 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 description of which categories of insurance will be affected by the cession.
5. Certification by an officer which certifies the applicant's financial condition.
6. Certified most recent annual financial statement of the applicant.
7. A list of the assets of the trust certified by the trustee.
8. Most recent annual statement of the trust fund including 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) 292-5350 ext. 50527, john.tirado@dobi.nj.gov