



COLORADO
Department of
Regulatory Agencies
Division of Insurance

Application for Approval as an Accredited Reinsurer

Please mail completed form by March 1 to:

Colorado Division of Insurance
Corporate Affairs
1560 Broadway, Suite 850
Denver, CO 80202

Company Name _____

NAIC # _____

EIN# _____

Home Office _____

Mail Address _____

Contact Person _____

Telephone # _____

Title _____

E-Mail _____

Company Lines (check one)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Life
Fire

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Casualty
Multiple Line

As of the date of filing, are there any proposals, agreements or any other written or verbal understandings relating to merger, consolidation or change of control of the applicant? _____
If yes, attach a detailed synopsis.

As of the date of filing, are there any substantive changes in the Company's financial status from that reported in the most recent annual statement filed as a part of this application? _____
If yes, attach a detailed synopsis.

(Date)

(Signature of Chief Executive Officer)

(Print Name)

Email inquiries to: DORA_INS_CORPORATEAFFAIRS@STATE.CO.US

1560 Broadway, Suite 850, Denver, CO 80202 P 303.894.7499 Toll Free 800.930.3745 F 303.894.7455

