



Application for Approval as an Alien Reinsurer Maintaining a U.S. Trust

Please mail completed form by March 1st to:

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

Company Name _____
NAIC AA# _____
Home Office _____
Mailing Address _____
U.S. Contact _____ Telephone # _____
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 a condition precedent to, and as a consideration for the issuance of said approval, I hereby declare that the Company's Articles of Incorporation or other organizational documents permit it to write, and that authority has been granted by the insurance regulatory authority under which it is incorporated, the lines of business for which application is being made.

There have been no substantive changes in the Company's financial status from that reported in the most recent statutory financial statement filed as a part of this application.

(Date)

(Signature of Chief Executive Officer)

(Printed Name)

Email inquiries to: DORA_INS_CORPORATEAFFAIRS@STATE.CO.US

