FORM CR-1 CERTIFICATE OF CERTIFIED REINSURER

I,	,	
(name of officer)	(title of officer)	
of	, the assuming insurer	
(name of assuming insurer)		-
under a reinsurance agreement with one in order to be considered for approval in		(name of state)
(name of assuming insurer)		("Assuming Insurer"):
1. Submits to the jurisdiction of any co	ourt of competent jurisdiction in _	
agrees to comply with all requirements such court or any appellate court in the to constitute a waiver of Assuming Insu United States, to remove an action to a permitted by the laws of the United States.	necessary to give such court juri event of an appeal. Nothing in tarer's rights to commence an acti United States District Court, or tales or of any state in the United States	r issues arising out of the reinsurance agreement, sdiction, and will abide by the final decision of his paragraph constitutes or should be understood on in any court of competent jurisdiction in the o seek a transfer of a case to another court as States. This paragraph is not intended to conflict nt to arbitrate their dispute if such an obligation is
2. Designates the Insurance Commission	oner of <i>New Hampshire</i>	
	ceding insurer) be served any lawful process in a	r's state of domicile) my action, suit or proceeding arising out of the
3. Agrees to provide security in an amount of a final U.S. judgment of		attributable to U.S. ceding insurers if it resists a award.
		ns taken against it, any change in the provisions of agency, including a statement describing such
5. Agrees to annually file information of insurance markets in accordance with In		s of the NAIC financial statement for use by
6. Agrees to annually file the report of	the independent auditor on the fi	inancial statements of the insurance enterprise.
7. Agrees to annually file audited finan 600.	ncial statements, regulatory filing	s, and actuarial opinion in accordance with Ins
8. Agrees to annually file an updated li from U.S. domestic ceding insurers.	st of all disputed and overdue re	insurance claims regarding reinsurance assumed
9. Is in good standing as an insurer or r	reinsurer with the supervisor of it	ts domiciliary jurisdiction.
Dated:		
	(name of assur	ming insurer)
	BY:	er)
	(name of office	er)

(title of officer)