



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

DIVISION OF INSURANCE

OFFICE OF SOLVENCY REGULATION

PO BOX 325

TRENTON, NJ 08625-0325

TEL (609) 292-7272

FAX (609) 292-6765

PHIL MURPHY
Governor

SHEILA OLIVER
Lt. Governor

MARLENE CARIDE
Commissioner

TO: Reinsurers maintaining trust account

RE: Annual Renewal Requirements

Pursuant to N.J.A.C. 11:2-28.6, reinsurer maintaining trust funds shall reapply annually by June 1 and provide the following information:

1. Letter requesting authorization to provide reinsurance
2. \$1,000 non-refundable renewal filing fee payable to Treasurer, State of New Jersey
3. Properly executed form AR-1
4. Description of categories of insurance effected by the cessions.
5. Certified letter from an officer that the reinsurer operations are financially sound
6. Certified Annual Statement of both the reinsurer and the trust fund
7. A list of the assets of the trust certified by the trustee
8. Actuarial opinion of the reinsurer's trust fund

All items are to 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