



Texas Department of Insurance
Financial, Company Licensing & Registration, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3535 telephone • 512-322-3550 fax • www.tdi.state.tx.us

Form R-1

Submission for Reinsurance Accreditation

(Please Type or Print)

Pursuant to Article 3.10 and 5.75-1, Texas Insurance Code

1. _____
Name of Insurance Company (full name only, initials or abbreviations not acceptable)
2. Principal Place of Business:
A. Street Address _____
City _____ State _____ Zip _____
B. Mailing Address _____
City _____ State _____ Zip _____
3. Contact Person (Name and Title) _____
A. Phone Number _____ B. E-Mail _____
4. State of Domicile _____ (Attach a Certified Copy of the Certificate of Authority or Letter of Compliance).
5. NAIC Number _____ Federal Tax ID _____ ISI Number _____
6. States where business is currently transacted: _____

7. Lines and classifications of insurance business _____

8. Attach a complete list of beneficial owners to include complete name, address and explanation of the relationship among the owners.
9. Name and address of management firm (if applicable) _____

10. Attach a complete list of all officers and directors, and submit biographical affidavits for each individual listed if this is the initial filing. NAIC Biographical Affidavit forms or domiciliary jurisdiction forms are acceptable. (Biographicals for President, Secretary and Treasurer must be updated if current ones were filed prior to **2004**)

Affirmation and Execution

I certify that all statements and information in this submission are true and correct and that I have the authority to execute and file this document.

Signature

Typed or printed name and title

The State of _____

County of _____

Before me, _____ notary
(insert name of notary)

public in and for the State of _____, on this day personally appeared

_____ known to me (or proved to me) on the oath of
(insert name and position of the officer)

_____, or through

_____ to be the person
(description of identity card or other document)

whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, 20__.

(NOTARY SEAL)

Notary Signature

Return to: Texas Department of Insurance
Company Licensing & Registration, MC 305-2C
333 Guadalupe
PO Box 149104
Austin, TX 78714-9104