



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-3

Certificate of Assuming Insurer

I, _____ of _____
Name of Officer Name of Reinsurer

the reinsurer under a reinsurance agreement(s) with insurer(s) domiciled in Texas, hereby certify that said reinsurer:

1. Submits to the jurisdiction of any court of competent jurisdiction in the State of Texas for the adjudication of any issues arising out of the reinsurance agreement(s), agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of said reinsurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. (This section is not intended to substitute for or interfere with the reinsurer's and ceding insurer's agreement to arbitrate any dispute regarding the Reinsurance Agreement.)
2. Designates the Commissioner of Insurance of the State of Texas as its lawful attorney upon who may be served any lawful process in any action, suite or proceeding arising out of the reinsurance agreement(s) instituted by or on behalf of the ceding insurer.
3. Submit to the authority of the Commissioner of Insurance of the State of Texas to examine its books and records and agrees to bear the expense of any such examination.

Affirmation and Execution

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