



Form R-1

Submission for Reinsurance Accreditation

*(Please Type or Print)*

Pursuant to Chapter 492 and 493, 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 **2006**)

**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