COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE
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(617) 521-7794 • FAX (617) 521-7771
https://www.mass.gov/orgs/division-of-insurance

FORM AR-1
CERTIFICATE OF ASSUMING INSURER

I, _____ , _____ of
(name of officer) (title of officer)
_____ , the assuming insurer under a reinsurance agreement
(name of assuming insurer)
with one or more insurers domiciled in _____ , hereby certify that
(name of state)
_____ ("Assuming Insurer"):
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in _____
(ceding insurer's state of domicile)
for the adjudication of any issues arising out of the reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer'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 paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.

2. Designates the Insurance Commissioner of _____ as its lawful attorney
(ceding insurer's state of domicile)
upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.

3. Submits to the authority of the Insurance Commissioner of _____
(ceding insurer's state of domicile)
to examine its books and records and agrees to bear the expense of any such examination.

4. Submits with this form a current list of insurers domiciled in _____
(ceding insurer's state of domicile)
reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Insurance Commissioner at least once per calendar quarter.

Dated: ____ / ____ / ____ _____
(name of assuming insurer)

By : _____ _____
(name of officer) (signature of officer)

_____
(title of officer)