

## Accredited or Trusteed Reinsurer Certificate of Assuming Insurer – (AR-1 Form)

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I, \_\_\_\_\_, \_\_\_\_\_  
(name of officer) (title of officer)

of \_\_\_\_\_, the assuming insurer  
(name of assuming insurer)

under a reinsurance agreement with one or more insurers domiciled in MICHIGAN, hereby certify that

\_\_\_\_\_ (“Assuming Insurer”):  
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in MICHIGAN 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 the paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer’s rights to commence in action in any court or 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 Director of the Department of Insurance and Financial Services of MICHIGAN as its lawful attorney 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 Director of MICHIGAN 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 MICHIGAN reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Insurance Director at least once per calendar quarter.

Dated: \_\_\_\_\_  
(name of assuming insurer)

BY: \_\_\_\_\_  
(name of officer)

\_\_\_\_\_  
(title of officer)

P.A. 218 of 1956 as amended requires submission of this form by entities applying for approval to be accredited or trusteed reinsurers in Michigan. Failure to complete and submit this form properly could result in denial of your application.

Department of Insurance and Financial Services  
Office of Insurance Evaluation  
P.O. Box 30220  
Lansing, MI 48909-7720



**Michigan Department of Insurance and Financial Services**

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