



Application - Approval as an Accredited Reinsurer - Foreign

Please mail completed form by March 1st to:

**Colorado Division of Insurance
Corporate Affairs
1560 Broadway, Suite 850
Denver, CO 80202**

Company Name _____
 NAIC # _____
 Home Office _____
 Mail Address _____
 Contact Person, _____
 Title _____ Telephone # _____
 Facsimile # _____ E-Mail _____

Company Lines (check one)

Life Casualty
 Fire Multiple Lines

As of the date of filing, are there any proposals, agreements or any other written or verbal understandings relating to merger, consolidation or change of control of the applicant? _____
If yes, attach a detailed synopsis.

As of the date of filing, are there any substantive changes in the Company's financial status from that reported in the most recent annual statement filed as a part of this application? _____
If yes, attach a detailed synopsis.

(Date)

(Signature of Chief Executive Officer)

(Title)

Inquiries: email DOI.CorporateAffairs@dora.state.co.us

