

**APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY AS
A REINSURER**

Date _____

We present the following information in order to obtain the aforesaid renewal of our certificate of authority:

1. Name of reinsurer _____

2. Corporate Social Security No. _____

3. Postal address _____

4. Home office address _____

5. Phone number _____

6. _____
(Signature of President or Vice President)

(Name)

(Title)

NOTE: Please send this form in duplicate, including a check or money order for the corresponding amount, payable to the Secretary of the Treasury.