

NAIC #

LONG-TAIL CASUALTY REINSURANCE CERTIFICATION

COMMISSIONER OF COMMERCE

STATE OF MINNESOTA

This is to certify that this company is an accredited reinsurer and does ____ /does not ____ reinsure any of the following long-tail casualty lines:

Medical or legal malpractice
Pollution liability
Directors and officers liability
Products liability

Date: _____

Signature of Authorized Officer

Print Name and Title

Print Name of Company

This form should be filed with:

Minnesota Department of Commerce
Insurance Division
85 7th Place East, Suite 280
St. Paul, MN 55101

MUST BE FILED ON OR BEFORE JUNE 1, ANNUALLY