APPLICATION CHECK LIST-TRUSTEED REINSURER

Company Name________________________________________________________

Country of Domicile _______________________________ NAIC No._________

Date of Incorporation_________ Date Business Commenced _________________

DATE OF APPLICATION: ________________________________________________

Documents Required:

___ Copy of corporate resolution to submit application certified* by the corporate
secretary as adopted by the Board of Directors.

___ An affidavit stating all other jurisdictions in which an application is currently
pending along with the date(s) these applications were initially submitted.

___ Signed copy of the Deed of Trust with an original document from the
Commissioner of the State of Domicile of the U. S. Trust certifying that the Deed
of Trust has been reviewed and approved and as of what date the Deed of Trust
became effective.

___ Copy of Annual Statement of the U.S. Reinsurance Trust certified by the State of
Domicile for most recently completed year. Also include the Management
Discussion and Analysis and copies of quarterly statements for quarters expired
since last calendar year end.

___ Independent actuarial opinion of U.S. Reinsurance Trust.

___ Trust Fund Certification by the trustee of the trust of a qualified United States
financial institution of the market value of the trust and listing the trust’s
investments at December 31 of the most recently completed year. The trustee
shall certify the date of termination of the trust, if so planned, or certify that the
trust shall not expire prior to the next year-end. Also include trust fund
certifications at end of each quarter expired since last calendar year.

___ Audit report of the Applicant from an independent CPA firm for most recently
completed year. (This must include a translation into U.S. Dollars at the
prevailing exchange rates in force at the balance sheet date as certified by the
Chief Financial Officer.)

___ Certified copy of the Articles of Incorporation (by the principal insurance
supervisory official of the country of domicile).

___ Copy of the Bylaws certified by a principal officer of the company.

___ Copy of the Certificate of Authority identifying authorized lines of business, with
letter from company officer certifying that the document is identical to the
original on file with the principal supervisory official of the country of domicile.
___ Biographicals Affidavits for all directors and principal officers. (Affidavits must be on NAIC model forms and have an original signature and be dated within one year of the application date.)

___ A notarized statement signed by the President and Secretary that the Company “submits to the authority of the Minnesota Commissioner of Commerce to examine its books and records and agrees to bear the expense of any such examination.”

___ Please attach a brief explanation of why your company wants to be approved as a Trusteed Reinsurer in the State of Minnesota.

PLEASE NOTE: A certificate or “certification” is an original document. Certifications may be provided on the document itself or as an attachment, however, they must be original.

Please answer the following questions:

1. Has any insurance department placed any orders or restrictions of any kind against the operations of the applicant or U.S. Trust during the past three years? _____YES _____NO

2. Has the applicant entered into any voluntary agreement with any insurance department restricting the operation of the applicant or U.S. Trust during the past three years? _____YES _____NO

3. Has any insurance department levied any fines against the applicant or U.S. Trust during the past three years? _____YES _____NO

4. Have any surplus notes or other transactions been executed primarily for the purpose of increasing surplus? _____YES _____NO

If the answer is "YES" to any of the questions listed above, attach a detailed explanation.

Completed By__________________________________________________

Title of Officer________________________________________________________

Signature of Officer_______________________________Date__________

Signature of President_____________________________Date__________