



FILED

OCT 24 2018

OFFICE OF
INSURANCE REGULATION

Docketed by:

ADS

OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 234597-18-CO

SOMERSET REINSURANCE LTD.

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of an application by SOMERSET REINSURANCE LTD. ("APPLICANT") for designation as a Certified Reinsurer ("Application"), with the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE"), pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code. Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and of the parties herein.
2. APPLICANT has applied for and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, met all of the conditions precedent for designation as a Certified Reinsurer in Florida, pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code.
3. APPLICANT is a limited company domiciled in Bermuda that incorporated on September 18, 2014. APPLICANT is owned 28% by Weiss Capital Partners, 16.9% by Atlas Merchant Capital, and 11.3% by Hannover Re, with no individual or entity holding 10% or more of the remaining shares. Said representations are material to the issuance of this Consent Order.

4. The OFFICE has determined that Bermuda qualifies as an eligible jurisdiction, pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007(9), Florida Administrative Code.

5. APPLICANT represents that its purpose in becoming a Certified Reinsurer under Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code, is to allow ceding insurers to take credit in their accounting and in financial statements on account of such reinsurance ceded without APPLICANT posting full collateral.

6. On August 17, 2018, the OFFICE posted on its website a notice of receipt of APPLICANT's Application. Interested members of the public were invited to respond to the Application over a 30-day period, pursuant to Rule 69O-144.007(8)(b), Florida Administrative Code. No public comments were received.

7. In determining APPLICANT's qualifications as a Certified Reinsurer pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code, the OFFICE has considered the following:

a. APPLICANT's statutory capital and surplus of \$412,851,000 U.S. Dollars ("USD"), as reported in its financial statement, which was audited in accordance with International Financial Reporting Standards ("IFRS"), as of December 31, 2017. A reconciliation of shareholders' equity to comply with United States Generally Accepted Accounting Principles ("U.S. GAAP") results in shareholders' equity of \$412,771,000 USD, which exceeds the \$250,000,000 USD surplus requirement under Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007(3), Florida Administrative Code.

b. APPLICANT's secure financial strength rating from at least 2 rating agencies pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007(3), Florida Administrative Code:

1. On June 27, 2018, Standard & Poor's assigned a financial strength rating of 'BBB' (Stable).

2. On January 24, 2018, A.M. Best assigned a financial strength rating of 'B++' (Stable).

c. APPLICANT's location within a qualified jurisdiction, pursuant to Rule 69O-144.007(9), Florida Administrative Code.

d. APPLICANT's audited statements prepared in accordance with IFRS for the last 3 years, with an audited reconciliation of equity and net income on a U.S. GAAP basis, pursuant to Rule 69O-144.007(8)(a)1., Florida Administrative Code.

e. Other pertinent information submitted by APPLICANT, pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code.

8. The minimum collateral a Certified Reinsurer is required to post for the ceding insurer to take 100% credit in its financial statements on account of such reinsurance ceded is based on the secure rating the Certified Reinsurer is assigned by the OFFICE. Pursuant to Rule 69O-144.007(8)(e)1., Florida Administrative Code:

The maximum rating that a certified reinsurer may be assigned will correspond to its financial strength rating as outlined in subsection (4), of this rule. The Office shall use the lowest financial strength rating received from a rating agency indicated in paragraphs (3)(a)-(e), of this rule, in establishing the maximum rating of a certified reinsurer.

9. Based on the secure financial strength ratings of APPLICANT, the OFFICE hereby assigns APPLICANT a rating of Secure – 5 and a collateral requirement of 75%.

10. For purposes of Rule 69O-144.007(4), Florida Administrative Code, APPLICANT acknowledges that the collateral required for the ceding insurer to take 100% credit in its financial statements on account of such reinsurance ceded be no less than 75%, for agreements incepting on or after the execution date of this Consent Order, unless otherwise amended by the OFFICE.

11. APPLICANT represents that it will post collateral security in the form of Individual Trusts or Custody Accounts, for purposes of securing its U.S. liabilities to U.S. cedant insurers. Such Individual Trusts and Custody Accounts shall comply with Section 624.610(5)(b), Florida Statutes, and Rule 69O-144.005(4)(5), Florida Administrative Code. APPLICANT represents that it will establish such Individual Trusts or Custody Accounts within 60 days of execution of this Consent Order. APPLICANT agrees that any other form of security utilized by the APPLICANT, in lieu of Individual Trusts and Custody Accounts, shall comply with Section 624.610, Florida Statutes, Rule 69O-144.005, Florida Administrative Code, and Rule 69O-144.007, Florida Administrative Code.

12. APPLICANT shall adhere to the continuing requirements for a Certified Reinsurer, as described more fully in Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code.

13. Pursuant to Rule 69O-144.007(8)(i), Florida Administrative Code, APPLICANT shall notify the OFFICE within 10 days of the following: any regulatory actions taken against the certified reinsurer; any change in the provisions of its domiciliary license; or any change in its rating by an approved rating agency. Such notice shall include a statement describing such actions and the reasons therefore.

14. Pursuant to Rule 69O-144.007(8)(d)2., Florida Administrative Code, APPLICANT shall assume only the kinds of risk ceded for which APPLICANT is authorized in its domiciliary jurisdiction. Further, APPLICANT acknowledges that its Certified Reinsurer status shall only apply to life and health reinsurance.

15. APPLICANT acknowledges that in order to maintain its Certified Reinsurer status, it is required to file annually with the OFFICE all documentation required by Rule 69O-144.007(8)(h), Florida Administrative Code, including a list of Florida cedants, on or before the anniversary date of the execution of this Consent Order. Pursuant to the APPLICANT's request, and in accordance with Rule 69O-144.007(8)(h)2., Florida Administrative Code, APPLICANT is permitted to provide audited IFRS statements so long as a reconciliation of equity and net income are provided on a U.S. GAAP basis. The reconciliation of equity and net income to U.S. GAAP must either be audited or certified by an officer of the APPLICANT.

16. APPLICANT submits to the jurisdiction of the U.S. courts and has appointed an agent for service of process in Florida (attached as "Exhibit A").

17. APPLICANT agrees to post 100% collateral for its Florida liabilities if it resists the enforcement of a valid and final judgment from a court in the United States, or if otherwise required by the OFFICE, pursuant to Rule 69O-144.007, Florida Administrative Code.

18. The effective date of APPLICANT's Certified Reinsurer status is the date of execution of this Consent Order. This Consent Order shall remain in effect and APPLICANT's status as a Certified Reinsurer shall continue until APPLICANT either surrenders its status, fails to meet the requirements of the Florida Insurance Code or Rule 69O-144.007, Florida Administrative Code, or has its status withdrawn pursuant to Rule 69O-144.007, Florida Administrative Code.

19. APPLICANT shall report to the OFFICE, Life & Health Financial Oversight, any time that it is named as a party defendant in a class action lawsuit within 15 days after the class is certified. APPLICANT shall include a copy of the complaint at the time it reports the class action lawsuit to the OFFICE.

20. APPLICANT shall pay administrative costs in the amount of \$2,500 USD within 30 days of the execution of this Consent Order. APPLICANT shall send payment for the administrative costs to the payment address on the invoice, attached as Exhibit B.

21. APPLICANT shall maintain an information security program for the security and protection of confidential and proprietary information under its control that complies with all applicable laws and regulations regarding information security. APPLICANT agrees it shall continually monitor and enhance its information security program to mitigate data security breaches. APPLICANT further agrees that it shall notify the OFFICE within 5 business days of identifying a data breach.

22. The deadlines set forth in this Consent Order may be extended by written approval of the OFFICE. Approval of any deadline extension is subject to statutory or administrative regulation limitations. Additionally, the various reporting requirements and any other provision or requirement set forth in this Consent Order may be altered or terminated by written approval of the OFFICE.

23. Executive Order 13224 prohibits any transactions by U.S. persons involving the blocked assets and interests of terrorists and terrorist support organizations. APPLICANT shall maintain and adhere to procedures necessary to detect and prevent prohibited transactions with those individuals and entities, which have been identified at the Treasury Department's Office of Foreign Assets Control website, <http://www.treas.gov/ofac>.

24. APPLICANT affirms that all explanations, representations, statements, and documents provided to the OFFICE in connection with this Application, including all attachments and supplements thereto, are true and correct and fully describe all transactions, agreements, ownership structures, understandings, and control of APPLICANT. APPLICANT further agrees and affirms that said explanations, representations, statements, and documents, including all attachments and supplements thereto, are material to the issuance of this Consent Order and have been relied upon by the OFFICE in its determination to enter into this Consent Order.

25. Within 60 days from the date of the execution of this Consent Order, APPLICANT shall submit, or cause to be submitted, to the OFFICE a certification evidencing compliance with all of the requirements of this Consent Order. Any exceptions shall be so noted and contained in the certification. Exceptions noted in the certification shall also include a timeline defining when the outstanding requirements of the Consent Order will be complete. Said certification shall be submitted to the OFFICE via electronic mail and directed to the attention of the Assistant General Counsel representing the OFFICE in this matter and as named in this Consent Order.

26. APPLICANT agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE withdrawing APPLICANT's status as a Certified Reinsurer in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

27. APPLICANT expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. APPLICANT hereby knowingly and

voluntarily waives all rights to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

28. Each party to this action shall bear its own costs and fees, except as otherwise provided herein.

29. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of the authorized representative of the APPLICANT, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, APPLICANT agrees that the signature of its authorized representative as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between SOMERSET REINSURANCE LTD. and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 24 day of October, 2018.



David Altmaier
David Altmaier, Commissioner
Office of Insurance Regulation

By execution hereof, SOMERSET REINSURANCE LTD., consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind SOMERSET REINSURANCE LTD. to the terms and conditions of this Consent Order.

SOMERSET REINSURANCE LTD.

By: [Signature]

Print Name: STEEVE JEAN

Title: CEO

Date: 10/24/18



COUNTRY OF BERMUDA

The foregoing instrument was acknowledged before me this 24 day of OCTOBER 2018,

by STEEVE JEAN as CEO
(name of person) (type of authority; e.g., officer, trustee, attorney in fact)

for SOMERSET REINSURANCE LTD.
(company name)

[Signature]
(Signature of the Notary)

Sarah Ellison Lusher
(Print Name of Notary)
Notary Public
Bermuda

Personally Known OR Produced Identification

Type of Identification Produced BERMUDA DRIVERS LICENSE # 226482

My Commission Expires: N/A.



COPIES FURNISHED TO:

STEEVE JEAN, CFO
SOMERSET REINSURANCE LTD
O'Hara House, Tower II
3 Bermudiana Road
Pembroker, HM 08, Bermuda
Email: Sjean@somersetre.com

CAROLYN MORGAN, DIRECTOR
Life & Health Financial Oversight
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399
Email: Carolyn.Morgan@flor.com

MICHAEL KLINER, ASSISTANT GENERAL COUNSEL
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399
Telephone: (850) 413-4108
Email: Michael.Kliner@flor.com

EXHIBIT A

Applicant Company Name: Somerset Reinsurance Ltd NAIC No. N/A
FEIN: 98-1202773

Uniform Consent to Service of Process

X Original Designation Amended Designation
(must be submitted directly to states)

Applicant Company Name: Somerset Reinsurance Ltd

Previous Name (if applicable): Weisshorn Re Ltd

Home Office Address: 3 Bermudiana Rd

City, State, Zip: Pembroke Bermuda HM 08 NAIC CoCode: N/A

The Applicant Company named above, organized under the laws of Bermuda, for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Applicant Company Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant Company must read the following very carefully and sign:

- 1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.
- 2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at Pembroke, Bermuda.

8/27/18
Date


Signature of Chief Executive Officer
Patrick Brian K. Steiner
Full Legal Name of Chief Executive Officer

Uniform Consent to Service of Process

Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

<input type="checkbox"/> AL	Commissioner of Insurance # and Resident Agent*	<input type="checkbox"/> MO	Director of Insurance #
<input type="checkbox"/> AK	Director of Insurance #	<input type="checkbox"/> MT	Commissioner of Securities and Insurance #
<input type="checkbox"/> AZ	Director of Insurance # ^	<input type="checkbox"/> NE	Officer of Company* or Resident Agent* (circle one)
<input type="checkbox"/> AR	Resident Agent *	<input type="checkbox"/> NH	Commissioner of Insurance #
<input type="checkbox"/> AS	Commissioner of Insurance #	<input type="checkbox"/> NV	Commissioner of Insurance Commission # ^
<input type="checkbox"/> CO	Commissioner of Insurance # or Resident Agent*	<input type="checkbox"/> NJ	Commissioner of Banking and Insurance #^
<input type="checkbox"/> CT	Commissioner of Insurance #	<input type="checkbox"/> NM	Superintendent of Insurance #
<input type="checkbox"/> DE	Commissioner of Insurance #	<input type="checkbox"/> NY	Superintendent of Financial Services #
<input type="checkbox"/> DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	<input type="checkbox"/> NC	Commissioner of Insurance
<input checked="" type="checkbox"/> FL	Chief Financial Officer # ^	<input type="checkbox"/> ND	Commissioner of Insurance # ^
<input type="checkbox"/> GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	<input type="checkbox"/> OH	Resident Agent*
<input type="checkbox"/> GU	Commissioner of Insurance #	<input type="checkbox"/> OR	Resident Agent*
<input type="checkbox"/> HI	Insurance Commissioner # and Resident Agent*	<input type="checkbox"/> OK	Commissioner of Insurance #
<input type="checkbox"/> ID	Director of Insurance # ^	<input type="checkbox"/> PR	Commissioner of Insurance #
<input type="checkbox"/> IL	Director of Insurance #	<input type="checkbox"/> RI	Superintendent of Insurance ^
<input type="checkbox"/> IN	Resident Agent* ^	<input type="checkbox"/> SC	Director of Insurance #
<input type="checkbox"/> LA	Commissioner of Insurance #	<input type="checkbox"/> SD	Director of Insurance # ^
<input type="checkbox"/> KS	Commissioner of Insurance ^	<input type="checkbox"/> TN	Commissioner of Insurance #
<input type="checkbox"/> KY	Secretary of State #	<input type="checkbox"/> TX	Resident Agent*
<input type="checkbox"/> LA	Secretary of State #	<input type="checkbox"/> UT	Resident Agent* ^
<input type="checkbox"/> MD	Insurance Commissioner #	<input type="checkbox"/> VT	Secretary of State # or Resident Agent*
<input type="checkbox"/> ME	Resident Agent* ^	<input type="checkbox"/> VI	Lieutenant Governor/Commissioner#
<input type="checkbox"/> MI	Resident Agent *	<input type="checkbox"/> WA	Insurance Commissioner #
<input type="checkbox"/> MN	Commissioner of Commerce ~	<input type="checkbox"/> WV	Secretary of State # @
<input type="checkbox"/> MS	Commissioner of Insurance and Resident Agent* BOTH are required.	<input type="checkbox"/> WY	Commissioner of Insurance #

For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with full name and address where service of process is to be forwarded. Use additional pages as necessary. Colorado will forward Service of Process to the Secretary of the Applicant Company and requires a resident agent for foreign entities. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

* Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's full name and street address. Use additional pages as necessary. (DC* requires an agent within a ten mile radius of the District).

^ Initial pleadings only.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the Applicant Company when the approval process reaches that point.

~ Minnesota does not forward Service of Process. To effectively serve the Commissioner of Commerce, use the process under Minn. Stat. § 45.028. Applicant Company may complete Exhibit B to provide a Service of Process address that Commerce may keep on file.

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State: Florida _____ Name of Entity: Joshua E. Braverman _____

Phone Number: 609 802 9006 _____ Fax Number: _____

Email Address: jbraverman@somersetre.com _____

Mailing Address: 3032 Princeton Ln., Palm Beach Gardens, FL 33418 _____

Street Address: 3032 Princeton Ln., Palm Beach Gardens, FL 33418 _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

Exhibit B

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

Somerset Reinsurance Ltd.

This 23rd day of August 2018, that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of Florida

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

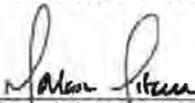
CERTIFICATION:

Conyers Corporate Services (Bermuda) Limited, Secretary of the Company, certifies that:

- (1) the above is a true extract of the resolution adopted by the Directors of the Company by way of unanimous written consent in lieu of a meeting effective 23 August 2018; and
- (2) such resolution is still in force and effect as at the date of this Certificate.

Dated this 27th day of August, 2018

By:



Malcolm Mitchell
For and on behalf of
Conyers Corporate Services (Bermuda) Limited
As Secretary



Somerset Reinsurance Ltd.
(the "Company")

DIRECTORS' UNANIMOUS WRITTEN RESOLUTION

made pursuant to bye-law number 61 of the bye-laws of the Company

The undersigned, being all of the Directors of the Company acting by written consent without a meeting **DO HEREBY CONSENT** to the adoption of the following resolution:

RESOLUTION AUTHORIZING APPOINTMENT OF ATTORNEY

BE IT RESOLVED by the Board of Directors or other governing body of Somerset Reinsurance Ltd. this 23rd day of August, 2018, that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

FLORIDA

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

(Signature Page Follows)

Each of the undersigned has executed this resolution, which may be executed by facsimile and in one or more counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument, on the date indicated alongside the name below.


Richard Booth, Director

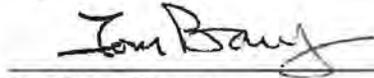
8/23/2018
Date


George Weiss, Director

8/23/2018
Date


Patrick Keefeher, Director

8/23/2018
Date


Tom Barry, Director

8/23/2018
Date


Colin Savage, Director

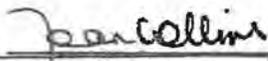
8/23/18
Date


Michael Winkler, Director

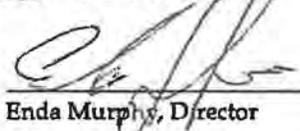
8/23/18
Date


Charles Collis, Director

August 23 2018
Date


Joan Collins, Director

8/23/18
Date


Enda Murphy, Director

8/23/18
Date



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

EXHIBIT B

INVOICE

In order to ensure that your payment is received and properly credited, please make your check payable to the Florida Department of Financial Services and **return this invoice with your payment to:**

**Department of Financial Services
Revenue Processing Section
P.O. Box 6100
Tallahassee, Florida 32314-6100**

INVOICE NO: 18-3636

REFERENCE

NAME: Somerset Reinsurance LTD.
ADDRESS: 3 Bermudiana Road
CITY, STATE, ZIP: Pembroke, Bermuda, HM 08
FEID: 00-00000000000000
NAIC COCODE: 00000
EXAM YR END:
CASE #: 234597-18-CO
ATTORNEY: Michael Kliner
SOURCE: Life & Health Financial Oversight

Fine Due: \$ 0.00
Costs Due: \$2500.00
Total Amount Due: \$ 0.00

Amount Remitted:

OFFICIAL USE ONLY - PLEASE DO NOT MARK BELOW THIS LINE

<u>B/T</u>	<u>T/C</u>	<u>F/T</u>	<u>AMOUNT</u>
C	0112 - LH Solv	J	
C	1249 - ATTORNEY'S FEES	J	