FORM QR-2
CERTIFICATE OF COMPLIANCE
ASSUMING ALIEN INSURER

I,_____, _____ of
(name of officer) (title of officer)

_____, the assuming insurer
(name of assuming insurer)

under a reinsurance agreement(s) with one or more insurers domiciled in **PENNSYLVANIA**

hereby certify that the requirements set forth in 31 Pa. Code §161.3(3)(vi) or §161.3(4)(viii)

are being complied with by _____, within all such
(name of assuming insurer)

reinsurance agreement(s) and that the trust fund requirements set forth in 31 Pa. Code

§161.4(a) are being complied with by _____,
(name of assuming insurer)

within all trust instruments maintained for such reinsurance agreement(s) with one or more

insurers domiciled in Pennsylvania.

Dated: _____ _____
(name of assuming insurer)

By: _____
(name of officer)

_____
(title of officer)