

<p>CDL-1</p> <p style="text-align: center;">FACE SHEET FOR FILING DOCUMENTS WITH THE LEGISLATIVE REFERENCE BUREAU</p> <p style="text-align: center;">(Pursuant to Commonwealth Documents Law)</p>	<p style="text-align: center;">RECEIVED LEGISLATIVE REFERENCE BUREAU</p> <p style="text-align: center;">18 JAN -3 PM 2:57</p> <p style="text-align: center;">PA. CODE & BULLETIN</p> <p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p>	
<p>Copy below is hereby approved as to form and legality Attorney General</p> <p>By _____ (Deputy Attorney General)</p> <p>_____ Date of Approval</p> <p>→ Check if applicable. Copy not approved Objections attached.</p>	<p>Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by</p> <p style="text-align: center;">Insurance Department</p> <p style="text-align: center;">_____ (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO _____</p> <p>DATE OF ADOPTION _____</p> <p>BY. _____ Jessica K. Altman Acting Insurance Commissioner TITLE _____ (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)</p>	<p>Copy below is hereby approved as to form and legality Executive or Independent Agencies</p> <p>BY _____</p> <p>_____ DATE OF APPROVAL</p> <p style="text-align: center;">(DEPUTY GENERAL COUNSEL) (CHIEF COUNSEL, INDEPENDENT AGENCY) (STRIKE INAPPLICABLE TITLE)</p> <p>→ Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>

Application for Renewal of Designation as a Certified Reinsurer

Hiscox Insurance Company (Bermuda) Ltd. has applied for renewal of its designation as a certified reinsurer in this Commonwealth. The application was received on December 29, 2017, and was made pursuant to the requirements set forth under section 319.1 of The Insurance Company Law of 1921 (40 P. S. §442.1(a)) and 31 Pa. Code § 161.3a (relating to requirements for certified reinsurers).

Persons who wish to comment on the application are invited to submit a written statement to the Insurance Department (Department) within 30 days from the date of this issue of the *Pennsylvania Bulletin*. Each written statement must include name, address and telephone number of the interested party, identification of the application to which the statement is addressed and a concise statement with sufficient detail and relevant facts to inform the Department of the exact basis of the statement. Written statements should be directed to Kimberly A. Rankin, Director, Bureau of Company Licensing & Financial Analysis, Pennsylvania Insurance Department, 1345 Strawberry Square, Harrisburg, PA 17120, fax (717) 787-8557, or email krankin@pa.gov. Comments received will be forwarded to the applicant for appropriate response.

JESSICA K. ALTMAN,
Acting Insurance Commissioner