



Oklahoma Insurance Department
Financial Division
3625 NW 56th Street, Ste 100
Oklahoma City, OK 73112-4511

**APPLICATION FOR AUTHORIZATION TO CERTIFY LIFE INSURANCE,
HEALTH INSURANCE AND/OR ANNUITY RESERVES FOR CAPTIVE
INSURANCE COMPANIES**

To the Commissioner of the Oklahoma Insurance Department, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves as required by the Captive Insurance Company Act O.S. 36 §6470.1 et seq.

INDIVIDUALS ONLY MAY APPLY

1. Full Legal Name: _____

2. Residence Address: _____

3. (a) Date of Birth: _____ (b) Social Security Number: _____

4. Education and Degree:

High School: _____

College: _____

Graduate or Professional: _____

(List all educational institutions attended and address.)

5. Member of Professional Societies or Associations

6. Present Chief Occupation

Position or Title: _____ How Long: _____

Employer Name: _____

Mailing Address: _____

E-Mail Address: _____

How long with this employer: _____

- 7. Other jobs, positions, directorates, or officer ships concurrently held at present

- 8. Complete employment record for past 20 years (attach additional pages if necessary)

- 9. List the Oklahoma captive account(s) you will be certifying

In order to qualify to sign statements of actuarial opinions certifying the adequacy of a captive insurance company's life insurance, health insurance or annuity reserves, an applicant must be a "qualified actuary" where "qualified actuary" means an individual who is a member of the American Academy of Actuaries and who has met the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinions in the United States promulgated by the American Academy of Actuaries.

I hereby certify that I am a "qualified actuary" as defined above and that I have read and understand all of the requirements and provisions of the Captive Insurance Company Act O.S. Title 36 §6470.1 et seq. relating to Captive Insurance Companies and will fully comply therewith.

(NO FEE REQUIRED) Signed: _____

Dated: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public _____

NOTARY SEAL Notary Public authorized by law of the State of _____
to administer oaths. My commission expires on _____