



Oklahoma Insurance Department
Financial Regulation
400 NE 50th St.
Oklahoma City, OK 73105

APPLICATION TO CERTIFY LOSS AND EXPENSE 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. Indicate major concentration and actuarial exams completed if not a Fellow. (Attach additional pages as necessary.)

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: _____

11. In order to qualify to sign statements of opinion relating to loss and loss adjustment expense reserves for a captive insurance company, an applicant must qualify in one or more of the following areas. Please check the applicable box(es) for your qualification(s)

A member of the Casualty Actuarial Society and three years of property and casualty loss and loss expense reserve experience.

A member in good standing of the American Academy of Actuaries and five years of property and casualty loss and loss expense reserve evaluation experience

A property and casualty loss reserve specialist with at least ten years of experience, three of which shall have included responsibility for:

The overall reserve level or a significant portion of the overall reserve level; or

Qualifying overall reserves or a significant portion of overall reserves; or

The prospective evaluation of the reasonableness of the overall reserves or a significant portion of the overall reserves.

I hereby certify 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 _____