
**DEPARTMENT OF FINANCIAL REGULATION
APPLICATION FOR AUTHORIZATION to CERTIFY LIFE
and/or ACCIDENT AND HEALTH RESERVES for CAPTIVES**

To the Commissioner of the Department of Financial Regulation, Montpelier, Vermont, I hereby apply for authorization to certify as to the adequacy of life and/or accident and health reserves as required by the Captive Insurance Financial Regulation C-81-2.

(No Fee Required) 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 addresses on additional sheet, if necessary.
Indicate major concentration and actuarial exams completed if not a Fellow.)

5. Member of Professional Societies or Associations (List)

6. Present Chief Occupation

Position or Title _____ How Long? _____

Employer Name _____

Address _____

E-Mail Address _____

How long with this employer? _____ Where? _____

(Continued on next page)

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).

Dates	Employer and Address	Title
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9. Indicate life and/or accident and health loss reserve and loss expense reserve experience (please provide specific dates).

10. List the Vermont captive account(s) you will be certifying.

11. In order to qualify to sign statements of opinion relating to life and/or accident and health 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 qualifications:

A Fellow of the Society of Actuaries and three years of life and/or accident and health loss and loss expense reserve experience.

A member in good standing of the American Academy of Actuaries and five years of life and/or accident and health loss and loss expense reserve valuation experience.

A life and/or accident and health loss reserve specialist with at least ten years of experience, three of which have included responsibility for:

- the overall reserve level or a significant portion of the overall reserve level, or
- qualifying overall reserves of a significant portion of overall reserves, or
- the prospective evaluation of the reasonableness of the overall reserves or significant portion of the overall reserves.

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I hereby certify that my responses to the above are true and complete, and I have read and understand all of the requirements and provisions of the Captive Insurance Financial Regulation 81-2 and will fully comply therewith.

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 _____