

MISSOURI APPLICATION FOR AUTHORIZATION  
to CERTIFY LOSS RESERVES and LOSS  
EXPENSE RESERVES for CAPTIVES (\_\_\_\_\_)

To the Director of Insurance Financial Institutions & Professional Registration, Jefferson City, Missouri, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves as required by the Captive Insurance Financial Regulations.

**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.) **Add attachment as needed.**
5. Member of Professional Societies or Associations (List)
6. Present Chief Occupation  
Position or Title How Long? \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
How long with this employer? \_\_\_\_\_  
Where? \_\_\_\_\_
7. Other jobs, positions, directorates, or officerships concurrently held at present  
\_\_\_\_\_  
\_\_\_\_\_

8. Complete Employment Record for Past 20 Years: **Please attach**

9. Indicate property and casualty loss reserve and loss expense reserve experience

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

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. Indicate by an X which area(s) you qualify in:

- member of the Casualty Actuarial Society and three years of property and casualty loss and loss expense reserve experience.
- member in good standing of the American Academy of Actuaries and five years of property and casualty loss and loss expense reserve evaluation experience.
- 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 my responses to the above are true and complete, and I have read and understand all of the requirements and provisions of the Missouri Captive Insurance Financial Regulation 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 \_\_\_\_\_.