



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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	2A. DATE OF BIRTH	2B. SOCIAL SECURITY NUMBER
3. RESIDENCE ADDRESS		
4. EDUCATION AND DEGREE (LIST ALL EDUCATIONAL INSTITUTIONS ATTENDED AND ADDRESSES ON ADDITIONAL SHEETS, IF NECESSARY. INDICATE MAJOR CONCENTRATION AND ACTUARIAL EXAMS COMPLETED IF NOT A FELLOW.) ADD ATTACHMENT AS NEEDED.		
HIGH SCHOOL		
COLLEGE		
GRADUATE OR PROFESSIONAL		
5. MEMBER OF PROFESSIONAL SOCIETIES OR ASSOCIATIONS (LIST)		
6. PRESENT CHIEF OCCUPATION		
POSITION OR TITLE - HOW LONG?	EMPLOYER NAME	
ADDRESS		
BUSINESS TELEPHONE	BUSINESS E-MAIL	
7. OTHER JOBS, POSITIONS, DIRECTORATES, OR OFFICERSHIPS CONCURRENTLY HELD AT PRESENT		
8. COMPLETE EMPLOYMENT RECORD FOR PAST 20 YEARS: PLEASE ATTACH		
9. FOR PROPERTY AND CASUALTY ACTUARIES, INDICATE PROPERTY AND CASUALTY LOSS EXPENSE RESERVE EXPERIENCE (ADD ATTACHMENT AS NEEDED)		
10. FOR LIFE AND HEALTH ACTUARIES, INDICATE LIFE AND HEALTH LOSS EXPENSE RESERVE EXPERIENCE (ADD ATTACHMENT AS NEEDED)		
11. LIST THE MISSOURI CAPTIVE ACCOUNT(S) YOU WILL BE CERTIFYING (ADD ATTACHMENT AS NEEDED)		
12. IN ORDER TO QUALIFY TO SIGN STATEMENT 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:		
<input type="checkbox"/> member of the Casualty Actuarial Society and three years of property and casualty loss and loss expense reserve experience.		
<input type="checkbox"/> member in good standing of the American Academy of Actuaries and five years of property and casualty loss and loss expense reserve evaluation experience.		
<input type="checkbox"/> property and casualty loss reserve specialist with at least ten years of experience, three of which shall have included responsibility for: <ul style="list-style-type: none"> • 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. 		
13. IN ORDER TO QUALIFY TO SIGN STATEMENT 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:		
<input type="checkbox"/> member of the Society of Actuaries and three years of life and health loss and loss expense reserve experience.		
<input type="checkbox"/> member in good standing of the American Academy of Actuaries and five years of life and health loss and loss expense reserve experience.		
<input type="checkbox"/> life and health loss reserve specialist with at least ten years of experience, three of which shall have included responsibility for: <ul style="list-style-type: none"> • 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)

SIGNATURE

DATE

NOTARY

NOTARY PUBLIC EMBOSSER OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)