



Hugh McDonald  
Secretary of Commerce

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Department

# Arkansas Insurance Department

1 Commerce Way, Suite 505  
Little Rock, Arkansas 72202-2087

## APPLICATION TO CERTIFY LOSS AND EXPENSE RESERVES FOR CAPTIVE INSURANCE COMPANIES ONLY INDIVIDUALS MAY APPLY

TO: Finance Division  
Arkansas Department of Insurance  
1 Commerce Way, Suite 505  
Little Rock, Arkansas 72202-2087  
[Email: Insurance.Finance@arkansas.gov](mailto:Insurance.Finance@arkansas.gov)

### SECTION ONE: GENERAL APPLICATION

I, the undersigned, hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves for captive insurance companies formed under Ark. Code Ann. §23-63-1601 et seq. and Rule 73.

1. Full Legal Name: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

4. Education and Degree

College: \_\_\_\_\_

Graduate or Professional: \_\_\_\_\_

(List all educational institutions attended and addresses on additional sheet(s), 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's Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long with the employer? \_\_\_\_\_ Where?\_\_

7. Other jobs, positions, directorates, or offices concurrently held at present:

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8. Complete Employment Record for past 20 years (Attach Resume or Curriculum Vitae) (Add additional sheets as necessary to account for all 20 years)

<u>Date</u>	<u>Employer and Address</u>	<u>Title</u>
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9. Indicate property and casualty loss reserve and loss expense reserve experience:

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10. List the Arkansas 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:

A member of the Casualty Actuarial Society and three years of 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.

**SECTION TWO: ATTACHMENTS**

Attach the following documents and information to this application when submitted.

1. A completed biographical affidavit,
2. A copy of your resume or curriculum vitae,
3. A certified copy of any disciplinary orders issued involving you from any professional organization to which you belong,
4. Copies of all professional licenses you hold, and
5. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned actuarial work by you.

**SECTION THREE: CERTIFICATION**

I have never pled guilty or nolo contendere, or been convicted of a criminal offense(s) other than a civil traffic offense. (Full disclosure must be provided if you have.)

I have never been subject to any disciplinary action, or currently under investigation, by any professional organization of which I am a member. (Full disclosure must be provided if you have.)

I hereby certify that my responses to the above are true, correct and complete to the best of my information, knowledge and belief. I have read and understand all of the requirements and provision of Ark. Code Ann. §23-63-1601 et seq. and Rule 73.

(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 \_\_\_\_\_