

**ALABAMA APPLICATION FOR AUTHORIZATION  
to CERTIFY LOSS RESERVES and LOSS  
EXPENSE RESERVES for CAPTIVES**

To the Commissioner of Insurance, State of Alabama, Montgomery, Alabama, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves as required by the Alabama Captive Insurers Act.

**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 Alabama 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 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 my responses to the above are true and complete, and I have read and understand all of the requirements and provisions of the Alabama Captive Insurers Act 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 \_\_\_\_\_