

Actuary Designation Form for Captive Insurance Companies

Submit completed form to captive.insurance@tn.gov

FIRM INFORMATION

1. Firm Name *

2. Firm Address

Address Line 1 (no PO BOX): *

Address Line 2:

City: *

State: *

Postal Code: *

Country

Phone No.: *

Secondary Phone:

Firm Website: *

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INDIVIDUAL INFORMATION

Each individual designee that will certify loss reserves must complete pages 2 through 4.

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

1. A completed [biographical affidavit](https://www.tn.gov/content/dam/tn/commerce/documents/insurance/captive/forms/BiographicalAffidavit.pdf) located:
https://www.tn.gov/content/dam/tn/commerce/documents/insurance/captive/forms/BiographicalAffidavit.pdf
2. A copy of the applicant's resume or curriculum vitae,
3. A certified copy of any disciplinary orders issued involving the applicant from any professional organization to which the applicant belongs,
4. Copies of all professional licenses, designations and/or memberships in professional actuarial organizations, and
5. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned actuarial work by the applicant.

1. Name

First Name: *

Last Name: *

Position/Title: *

Employment Period: *

Email Address: *

Phone: *

2. Does the applicant have an ACI designation? *

Yes No

3. List of current licenses, designations, and/or memberships in professional actuarial organizations:

4. **Complete employment record for past 20 years** (*Add attachment as needed*):

5. **Describe loss reserve and loss expense reserve experience** (*Add attachment as needed*):

6. **Describe relevant feasibility, funding and pricing-study experience** (*Add attachment as needed*):

7. **List the Tennessee Captive Insurance Companies that will be engaging the requester.** (*Add attachment as needed*):

8. **In order to qualify to sign a statement of opinion relating to loss and loss adjustment expense reserves for a Captive Insurance Company, the applicant must qualify in one or more of the following areas outlined by the American Academy of Actuaries in its [Specific Qualification Standards, Section 3](https://www.actuary.org/sites/default/files/2021-11/USQS_2021.pdf), located https://www.actuary.org/sites/default/files/2021-11/USQS_2021.pdf. Indicate by an "X" which area(s) in which the applicant qualifies:**

- Statement of Actuarial Opinion, NAIC Life and A&H Annual Statement
- Statement of Actuarial Opinion, NAIC Property and Casualty Annual Statement
- Statement of Actuarial Opinion, NAIC Health Annual Statement

If you do not meet the above standards, please explain in an attachment how you are sufficiently qualified to opine on reserves for a captive insurance company.

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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 Tennessee Code Annotated Title 56, Chapter 13, and will fully comply.

Dated this ____ day of _____, 20 ____

Printed Name of Requester * _____

Signature of Requester * _____

Notary:		
Notary Public Embosser or Black Ink Rubber Stamp Seal	State:	County:
	Subscribed and sworn before me this day of , 20____	My commission expires on:
	Notary Public Signature	Notary Public Name (Printed)

