

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,
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.

1. Name

First Name: *

Last Name: *

Position/Title: *

Employment Period: *

Email Address: *

Phone: *

2. Education and Degrees

College Name: *

City: *

State: *

Field of Study:

Graduate Degrees or Professional Designations:

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3. **Does the officer, principal, or key employee have an ACI designation? ***
 Yes No
4. **Member of Professional Societies or Associations:**
5. **Other jobs , positions, directorates or officerships concurrently held at present**
(Add attachment as needed):
6. **Complete employment record for past 20 years** *(Add attachment as needed):*
7. **Indicate property and casualty loss reserve and loss expense reserve experience**
(Add attachment as needed):
8. **List the Tennessee Captive account(s) each officer, principal, or key employee will be certifying** *(Add attachment as needed):*

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9. In order to qualify to sign a 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) each individual applying for authority qualifies 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 Tennessee Captive Insurance Statute title 56, Chapter 13, and will fully comply.

Dated this ____ Day of _____, 20 ____

Printed Name of Officer/Principal * _____

Signature of Officer/Principal * _____

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)

