



LOUISIANA DEPARTMENT OF INSURANCE

INSTRUCTIONS FOR APPLICATION TO ACT AS A CAPTIVE INSURER IN THE STATE OF LOUISIANA

GENERAL INSTRUCTIONS

This packet is designed to assist in preparing an application that complies with all statutory and administrative requirements. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

Prior to completing the Captive Application for Admission (the Application), please coordinate a meeting with the Louisiana Department of Insurance (LDI). LDI appreciates the opportunity to meet with prospective captive owners/members to hear about their organization and specific insurance needs, discuss the proposed business plan and ownership structure and share information about Louisiana, including the application process and how we will regulate the captive after licensing.

Direct all communication to:

Louisiana Department of Insurance
Company Licensing
PO Box 94214
Baton Rouge, LA 70804-9214

Physical Address:
1702 N. 3rd St.
Baton Rouge, LA 70802

Phone: (225) 342-1253
Fax: (225) 219-9322
E-Mail: companyapps@ldi.la.gov

While the LDI will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

The LDI accepts electronic submission of the application. The applicant should contact the LDI prior to submission to arrange for a secure portal for such a submission. We do not recommend submission of sensitive or confidential information via standard email. LDI staff can create an e-invoice for electronic payment, or you can mail in a hard-copy check. Checks must be made payable to the Louisiana Department of Insurance.

If you are choosing to submit the application hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. Send all correspondence to the attention of Company Licensing to assure prompt receipt and handling.

Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.

Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

All original items submitted become the property of the LDI and will not be returned.

All certified documents required in the application must be dated within six (6) months of submittal of the application. If you are submitting a hard copy application rather than electronically, all certifications must be original.

Applications must identify an application contact person. Because the application process is considered confidential, the application will not be discussed with any person other than the named contact person. The applicant must notify the LDI in writing of any change in contact person.

The applicant must notify the LDI of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and changes to the financial statements submitted in support of this application. Failure to notify the LDI of such changes may result in disapproval of the application.

INSTRUCTIONS REGARDING ENTITY FORMATION

At the time of submission of this application the applicant should already be formed and fully funded. For incorporated entities please follow the guidance below. For applicants that are not incorporated entities, please contact LDI for additional guidance.

The proposed articles of incorporation must be prepared in accordance with La. R.S. 22:61-63 and submitted to the Louisiana Department of Insurance for review and approval. LDI will approve the proposed name of the applicant at this time.

After approval, an executed copy of the proposed articles shall be recorded with the Recorder of Mortgages in the parish of domicile, and two copies certified by and bearing the certificate of the proper Recorder of Mortgages shall be returned to the Commissioner of Insurance for recordation. The corporate existence of the entity begins upon the date and time when the articles were filed with the recorder of mortgages in the parish of domicile.

We recommend that the attorney preparing the Articles of Incorporation contact the Company Licensing Division while preparing the articles for an informal review prior to submission for approval.

The Articles of Incorporation for an insurer are not filed with the Louisiana Secretary of State.

SPECIAL INSTRUCTIONS REGARDING THIRD PARTY VERIFICATION REPORTS

In association with this application, the LDI requires that all applicants obtain third party verification reports for all persons for whom biographical affidavits are required. This must include all officers, all directors, partners, trustees, all executive committee members, individuals who own directly or indirectly ten percent or more of the applicant and all other individuals who exercise control or influence over the affairs of the applicant and to captive managers, actuaries and certified public accountants employed or contracted by the captive insurer. The reports must be prepared by one of the firms approved by the National Association of Insurance Commissioners. A list of those approved firms is available at <https://content.naic.org/industry-ucaa-third-party>. The applicant should advise the firm that the reports are being prepared for the LDI and make the necessary arrangements for payment. A receipt confirming the reports have been ordered must be included with the application.

SPECIAL INSTRUCTIONS REGARDING FINGERPRINTING

In association with this application, all officers, all directors, partners, trustees, all executive committee members, individuals who own directly or indirectly ten percent or more of the applicant and all other individuals who exercise control or influence over the affairs of the applicant, are required to be fingerprinted and the results transmitted to the LDI. Detailed instructions on the fingerprinting process are posted on the LDI website at [Fingerprinting Requirements for Company Licensing Applications](#).

Any individual that is currently serving as an officer or director of another domestic regulated entity or has previously submitted fingerprints in association with a resident producer or adjuster license application may request a waiver of the fingerprinting requirements. Requests for such a waiver should be sent to companyapps@ldi.la.gov. The request must provide a full explanation of the application to be filed, the names of all individuals for whom the waiver is requested and clearly explain the grounds for the request.

INITIAL FINANCIAL EXAMINATION AND CONFIRMATION OF ASSETS

Prior to the issuance of a Certificate of Authority to a Louisiana domiciled insurer, the LDI will conduct an initial financial examination and confirmation of the assets of the applicant.

The applicant must be properly capitalized and its funds invested in compliance with the applicable statutes and in the name of the applicant upon submission of the application. If the funds are not properly invested and verifiable, the application will be disapproved.

The applicant must provide written notice to all depositories authorizing the release of information.

INSTRUCTIONS FOR ATTESTATION PAGE

Louisiana law requires that the application for Certificate of Authority for a captive insurer must be certified by the board of directors of the applicant. This means that the board of directors of the applicant must be named and in place at the time of this application.

The signatures of the members of the board of directors must be witnessed by two individuals who are not otherwise signing the application, and all signatures must be notarized. Separate witnesses and notarization are required if the individual board members execute the certification at different times or locations.

The application form provides spaces for the signatures of five directors as this is the minimum number of directors required by law. You may reproduce the attestation page of the application as needed.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: What is the timeframe for the review of an application?

A: The LDI makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take up to ninety (90) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application.

Q: The Exhibits portion of the application form requires certain biographical information on owners of 10% or more of the applicant. What if all owners are corporations? Do the officers and directors of those corporations supply the biographical information?

A: Initially, no. However, the LDI reserves the right to request biographical information for all persons who would exercise control over the insurer up to and including the ultimate controlling party. The LDI will determine if additional information is required upon review of the application and notify the applicant.

Q: Can we meet with the LDI for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, this courtesy review is to help assure completeness only, and the LDI will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Section of the LDI. Preliminary reviews will be performed only with an appointment.

Q: What factors should go into considering who should be named as the contact person?

A: Among the things to be considered when naming the contact person for the application process are:

- Knowledge - The person acting as the contact should have a thorough knowledge of the application packet and company functions.
- Accessibility - You should consider whether or not the contact person is easily reachable. A person who is often absent from the office or who is otherwise difficult to reach is a poor choice due to the nature of the application process.
- Location - All requests for additional information include a deadline to supply this information. Therefore, you should consider the location of the contact person and whether or not he or she can reasonably be expected to obtain needed documents or information within a time frame which is usually set at 30 days.



**LOUISIANA
DEPARTMENT OF
INSURANCE**

**APPLICATION TO ACT AS A CAPTIVE INSURER
IN THE STATE OF LOUISIANA**

General Information (Type or Print)

APPLICANT NAME: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

APPLICATION CONTACT NAME: _____

APPLICATION CONTACT TITLE: _____

APPLICATION CONTACT PHONE: _____

APPLICATION CONTACT EMAIL ADDRESS: _____

APPLICATION CONTACT MAILING ADDRESS: _____

Fees

Application for Certificate of Authority	\$ 500.00
Actuarial Review	\$ 6,000.00
Total Due	\$ 6,500.00

Type Of Captive Insurer (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> Pure Captive | <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Affiliated Reinsurance Captive |
| <input type="checkbox"/> Association Captive | <input type="checkbox"/> Branch Captive | |

Lines of Business to be Written (Check all that apply) If applying as an Affiliated Reinsurance Captive or Risk Retention Group, please skip this section.

- | | | |
|---|--|--|
| <input type="checkbox"/> Commercial Vehicle | <input type="checkbox"/> Steam Boiler and Sprinkler Leakage | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Commercial Liability | <input type="checkbox"/> Marine and Transportation (Inland Marine) | <input type="checkbox"/> Workers Compensation (Excess Only) |
| <input type="checkbox"/> Burglary and Forgery | <input type="checkbox"/> Ocean Marine | <input type="checkbox"/> Workers Compensation (Reinsurance of Self-Funded Plans) |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Fire and Extended Coverage | |

DEPOSITORY INFORMATION

List the name, contact information and account information for all depositories with which the applicant has a relationship.

Bank/Broker Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
Account Number:		
Bank/Broker Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
Account Number:		
Bank/Broker Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
Account Number:		

LIST OF MANAGEMENT AND OWNERS

Provide the full legal name (no initials), position with the applicant and the percentage of ownership (if applicable) of all natural persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners, all trustees, all executive committee members, and every natural person owning, directly or indirectly, 10 % or more of the applicant and any other natural person who exercises control or influence over the affairs of the applicant.

Full Legal Name (No Initials)	Position With Applicant	Ownership Percentage

INSURANCE OPERATIONS SUMMARY

Initial Capital and Surplus		
	Cash	Other- Describe
Capital	\$	\$
Surplus	\$	\$
Total	\$	\$

Business of Insurance	
Identify Risks to be insured (direct, assumed and ceded) by line of business. For each risk, provide coverage, limits, including limits for deductibles or self-insured retentions.	
Risk	Coverage/Limits
What is your expected annual net premium income?	
What is your maximum retained risk, per loss and annual aggregate?	
Will losses be discounted? If yes, what is the proposed rate?	

CONTRACTED SERVICE PROVIDERS

Captive Manager: Identify the person engaged by the applicant to manage the affairs of the applicant. Indicate whether the person is employed or contracted. **A completed Appendix A – Approval of Captive Manager must be completed and provided with this application.**

Name:

☐ Employee

☐ Contracted

Actuary: Identify the name of the qualified and experienced actuary or firm engaged by the applicant to perform reviews and evaluations of the operations of the applicant and certify loss reserves and loss expense reserves. Indicate whether the person is employed or contracted. **A completed Appendix B – Approval of Actuary must be completed and provided with this application.**

Name:

☐ Employee

☐ Contracted

Certified Public Accountant: Provide the name of the qualified and experienced certified public accountant or firm engaged by the applicant to prepare the annual audited financial statement for the Commissioner. Indicate whether the person is employed or contracted. **A completed Appendix C – Approval of Certified Public Accountant must be completed and provided with this application.**

Name:

☐ Employee

☐ Contracted

ADDRESS AND CONTACT INFORMATION

MAILING ADDRESS: Provide the mailing address of the applicant.

Address:

City:

State:

Zip:

ADMINISTRATIVE OFFICE ADDRESS: Provide the physical address of the main administrative office of the applicant.

Address:

City:

State:

Zip:

ADDRESS AND CONTACT INFORMATION - Continued

BOOKS AND RECORDS LOCATION: Provide the physical address where the books and records of the applicant are available for inspection by the Louisiana Commissioner of Insurance.

Address:

City:

State:

Zip:

PRIMARY CONTACT: Provide the name, address, phone number and email address for the primary contact person with whom the LDI should communicate after completion of the licensing process.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

COMPLAINT CONTACT: Provide the name, address, phone number and email address for the contact person to whom consumer complaints should be directed.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

ADDRESS AND CONTACT INFORMATION - Continued

REGULATORY COMPLIANCE CONTACT: Provide the name, address, phone number and email address for the contact person to whom regulations or other directives from the commissioner should be directed.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

ANNUAL STATEMENT CONTACT: Provide the name, address, phone number and email address for the contact person regarding the financial condition of the applicant should be directed.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

PREMIUM TAX CONTACT: Provide the name, address, phone number and email address for the contact person to whom inquiries from the department regarding tax payments should be directed.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

ADDRESS AND CONTACT INFORMATION - Continued

CYBERSECURITY CONTACT: Provide the name, address, phone number and email address for the contact person responsible for the receipt of and response to inquiries from the department regarding data security and data breaches should be directed.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

CATASTROPHE/DISASTER COORDINATION CONTACT: Provide the name, address, phone number and email address for the contact person for receipt of and response to inquiries from the department in the event of a catastrophe or disaster should be directed.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

MARKET CONDUCT CONTACT: Provide the name, address, phone number and email address for the contact person to whom market conduct issues should be directed.

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

EXHIBITS CHECKLIST

The following items must be included as part of the application package	
	EXHIBIT A – A copy of the by-laws of the applicant
	EXHIBIT B – A financial statement certified by two principal officers.
	<p>EXHIBIT C – A plan of operation which clearly indicates the method of operation of the applicant including all of the following items. If not strictly following the order as listed below, the plan should include an index which references the page where each of the listed items can be found.</p> <ol style="list-style-type: none"> 1. The types and limits of insurance that the applicant will be providing. Use detailed product descriptions. 2. The amount and liquidity of its assets relative to the risks to be assumed by the applicant. 3. A description of the applicant's reinsurance program by line of business. Include the identities of reinsurers and copies of any draft or finalized agreements. 4. A description of the applicant's underwriting policy and procedures. You must include an explanation of who will perform this function. 5. A description of the applicant's claims handling procedures. You must include an explanation of who will perform this function. 6. A description of the applicant's investment policy. Please include an explanation of who will be making the investment decisions on behalf of the applicant. 7. A discussion of the overall soundness of the plan of operation of the applicant. 8. A description of the program(s) to be used by the application for providing loss prevention by its parent or member organizations. 9. A description of the applicant's rate making policies and procedures. Include an explanation of who will be performing this function. 10. Any other relevant information to illustrate that the applicant will be able to meet its policy obligation.
	EXHIBIT D – A detailed pro-forma financial statements for a period of three years from the date of beginning business. The statement shall include a projected balance sheet, income statement and cash flow statement and should address expected and worst-case scenarios.
	EXHIBIT E – A copy of a feasibility study or other analysis of the proposed business plan of the applicant performed by a qualified actuary.
	EXHIBIT F – Evidence of beneficial ownership, sponsorship, or membership
	EXHIBIT G – A statement giving the nature and source of the funds used to capitalize the applicant. Please include copies of all loans or other agreements, including any parental guarantees used to obtain the funds used in the capitalization and initial funding of the applicant.
	EXHIBIT H – A completed Appendix A – Approval of Captive Manager

EXHIBITS CHECKLIST continued

	EXHIBIT I – A completed Appendix B – Approval of Actuary
	EXHIBIT J – A completed Appendix C – Approval of Certified Public Accountant
	EXHIBIT K – A detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the full name, domicile and ownership percentages for any persons (whether natural or artificial) owning 10% or more of the applicant and all affiliated entities up to and including the ultimate controlling person. For a sample chart please go to our web site at https://www.ldi.la.gov/docs/default-source/documents/licensing/companies/sample-ownership-chart.pdf?sfvrsn=c9b77c52_0
	EXHIBIT L – Completed biographical affidavits for all persons responsible for the conduct of affairs of the applicant. This should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. Only the most recent version of the affidavit adopted by the National Association of Insurance Commissioners is acceptable. This form can be obtained from the NAIC web site (https://content.naic.org/sites/default/files/industry-ucaa-form-11-bio-aff-fillable.pdf).
	EXHIBIT M - Written confirmation, including receipts, from the applicant that the fingerprints have been submitted as indicated in the special instructions in this application
	EXHIBIT N - Investigative reports for all persons for whom biographical affidavits were supplied. See the application instructions for more information regarding the procedure for obtaining these reports and for an explanation of the requirements for the waiver of this requirement.
	EXHIBIT O – A copy of the acceptance of trust completed by each director in compliance with La. R.S. 22:93 (3). A sample form is available at https://www.ldi.la.gov/docs/default-source/documents/licensing/companies/directors-acceptance-of-trust.pdf?sfvrsn=e5b77c52_6 . The corporation is free to develop and use its own form.
	EXHIBIT P – A copy of the oath of officer completed by each officer of the corporation. A sample form is available at https://www.ldi.la.gov/docs/default-source/documents/licensing/companies/oath-of-officer.pdf?sfvrsn=c6b77c52_0 . The corporation is free to develop and use its own form.

EXHIBITS CHECKLIST continued

	<p>EXHIBIT Q – A Conflict of Interest Statement completed and signed by every officer and director. The form is available at http://www.lds.la.gov/docs/default-source/documents/licensing/companies/conflict-of-interest-statement-for-reg-66.</p> <p>A copy of the Conflict of Interest policy of the applicant must be supplied with the statement.</p>
	<p>EXHIBIT R – If the applicant is an association captive, you must provide a safekeeping or trust receipt from a bank doing business within Louisiana or from a savings and loan association chartered to do business in Louisiana indicating that the applicant has deposited one hundred thousand dollars (\$100,000.00) in money or acceptable bonds (Acceptable bonds are defined as bonds issued by the United States Government or the State of Louisiana or any political subdivision of the State of Louisiana) with that institution and pledged said deposit to the Commissioner of Insurance. The banks have the necessary pledge forms. Do not contact this Office to request the form.</p>
	<p>EXHIBIT S – If the applicant is a branch captive, you must provide evidence of the establishment of a trust fund or an irrevocable letter of credit in the United States for the benefit of United States policy holders and ceding insurers, The amount of the security required is no less than the capital and surplus requirement and the reserves on the policies or reinsurance contracts that meets the requirements of La. R.S. 22:550.29 (B)</p>
	<p>EXHIBIT T – If the applicant is an affiliated reinsurance company, you must provide:</p> <ol style="list-style-type: none"> 1. A statement disclosing the source and income of the affiliated reinsurance company's capital and surplus 2. The investment policy of the affiliated reinsurance company 3. Copies of all reinsurance agreements
	<p>EXHIBIT U – FOR REDOMESTICATIONS ONLY – A Certificate of Compliance issued within the past 90 days by the current domiciliary regulator</p>

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared all of the below indicated individuals as directors of _____,

an insurer incorporated under the laws of Louisiana, who, after being duly sworn, did depose and say they have personal knowledge of the information submitted with this application and that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct. Furthermore, all of the terms, agreements, and conditions involving this applicant and its officers, directors and owners of 10% or more of the application, whether written or verbal, have been disclosed to the Louisiana Department of Insurance and any changes in existing agreements and any new agreements shall be disclosed to the Department in the form of a notarized statement within 48 hours of the change.

SIGNATURES ON NEXT PAGE

Signature of Board Member

Printed Name of Board Member

Signature of Witness

Signature of Board Member

Printed Name of Witness

Printed Name of Board Member

Signature of Witness

Signature of Board Member

Printed Name of Witness

Printed Name of Board Member

Signature of Board Member

Printed Name of Board Member

Signature of Board Member

Printed Name of Board Member

Notary Public or Bar Roll Number

Notary Public's Signature

My Commission Expires

Notary Public's Printed Name



**APPLICATION TO ACT AS A CAPTIVE INSURER
IN THE STATE OF LOUISIANA
APPENDIX A - APPROVAL OF CAPTIVE MANAGER**

This Appendix should be completed by captive manager employed or contracted by the captive insurer and is submitted only in conjunction with captive insurer's application for a Certificate of Authority.

Name of Applicant Captive Insurer: _____

General Information

Captive Manager Name: _____

FEIN or SSN _____

Primary Business Address: _____

Business Email Address: _____

Business Phone Number: _____

Will management services for the above-named Louisiana captive be performed at an address different than the primary business address ☐ Yes ☐ No If Yes, provide the address:

Experience

Please provide a summary of the firm's captive management experience.

APPENDIX A - APPROVAL OF CAPTIVE MANAGER

List Of Management and Owners			
<p>Provide a complete list of all persons responsible for the conduct of affairs of the captive manager. This list should include all officers, all directors, all partners, all members, and every natural person owning, directly or indirectly, ten percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant.</p> <p>You must also provide a completed biographical affidavit and third-party verification for each individual named below must also be supplied. Please use the current version of the NAIC Biographical Affidavit. This form can be obtained from the NAIC web site (https://content.naic.org/sites/default/files/industry-ucaa-form-11-bio-aff-fillable.pdf). Please see the application instructions for guidance on obtaining third-party verifications.</p>			
Name:		S.S.#:	
Street:	City:	State:	Zip:
Position:		Ownership %:	
Name:		S.S.#:	
Street:	City:	State:	Zip:
Position:		Ownership %:	
Name:		S.S.#:	
Street:	City:	State:	Zip:
Position:		Ownership %:	
Name:		S.S.#:	
Street:	City:	State:	Zip:
Position:		Ownership %:	
Name:		S.S.#:	
Street:	City:	State:	Zip:
Position:		Ownership %:	
Name:		S.S.#:	
Street:	City:	State:	Zip:
Position:		Ownership %:	

APPENDIX A - APPROVAL OF CAPTIVE MANAGER

Interrogatories

You must answer every question. ATTACH A FULL EXPLANATION AND THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

- 1) Have you or any owner, partner, officer or director of the applicant, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or is currently charged with committing a crime?

“Crime” includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 2) Have you or the applicant or any owner, partner, officer or director, or manager or member of the applicant, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease-and-desist order, a prohibition order, a compliance order, placed on probation, sanctioned, or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial.

☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

APPENDIX A - APPROVAL OF CAPTIVE MANAGER

Interrogatories (continued)

3) Has any officer, director, or person with direct or indirect control of the captive manager served in the same or similar capacity at an insurance company or captive insurer that became insolvent or was placed under supervision, receivership, rehabilitation, liquidation, or conservatorship by a regulating authority? For this question, direct or indirect control also includes persons who had direct or indirect control over the selection or appointment of an office or director through contract, trust or by operation of law.

☐ YES ☐ NO

If so, identify the individual(s) and insurer(s) involved. You must also include an explanation authored by the individuals explaining their specific action and involvement with the insolvent insurer(s).

4) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?

☐ YES ☐ NO

5) Do any officers, principals or other key personnel hold an Associates in Captive Insurance (ACI) designation? If YES, please provide a list of names and titles

☐ YES ☐ NO

Certification And Attestation

The undersigned hereby certify under penalty of perjury that:

1. I hereby certify that all the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for disapproval and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state, or local government agency, current or former employer, or insurance company.
3. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying.
5. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Signature of Authorized Representative

Date

Printed Name

Title



**LOUISIANA
DEPARTMENT OF
INSURANCE**

**APPLICATION TO ACT AS A CAPTIVE INSURER
IN THE STATE OF LOUISIANA**

APPENDIX B - APPROVAL OF ACTUARY

This Appendix should be completed by actuary employed or contracted by the captive insurer and is submitted only in conjunction with captive insurer's application for a Certificate of Authority.

Name of Applicant Captive Insurer: _____

General Information

Full Legal Name of Actuary: _____

SSN _____

Position or Title: _____

Current Firm or Employer Name: _____

Business Address: _____

Business Email Address: _____

Business Phone Number: _____

Qualifications

Captive insurers must employ or contract with qualified, experienced actuaries who are approved by the commissioner to perform reviews and evaluations of the operations of the captive insurance company. To assess the qualifications to perform these services, the above-named actuary must supply a resume and a completed biographical affidavit with a third party verification

Please use the current version of the NAIC Biographical Affidavit. This form can be obtained from the NAIC web site (<https://content.naic.org/sites/default/files/industry-ucaa-form-11-bio-aff-fillable.pdf>). Please see the application instructions for guidance on obtaining third-party verifications.

APPENDIX B - APPROVAL OF ACTUARY

Resumes must include all of the following information

Employment History

- Employment record for the last 20 years including the current firm or employer listed above. For each position held, include employer, employer's address, dates of employment and your position or title.
- All property and casualty loss reserve and loss expense reserve experience.
- Any current captive insurance programs with which you have relevant experience.
- Any other jobs, positions, directorates, or officerships concurrently held at present.

Education

- List all educational institutions completed, including major concentrations and major subjects. Include Academic Institution, Degrees & Dates Conferred.
- Indicate which actuarial exams completed, if not a Fellow.
- List all memberships in Professional Societies or Associations (include professional designations).

Attestation

I hereby certify that am a qualified actuary as defined in the National Association of Insurance Commissioners Quarterly and Annual Statement Instructions – Property/Casualty and I have read and understand all of the applicable regulatory requirements for captive insurance companies, will fully comply therewith, and I have no conflicts of interest with the company I will be reviewing.

Signature: _____

Print Name: _____

Date: _____



**LOUISIANA
DEPARTMENT OF
INSURANCE**

**APPLICATION TO ACT AS A CAPTIVE INSURER
IN THE STATE OF LOUISIANA**

APPENDIX C - APPROVAL OF CERTIFIED PUBLIC ACCOUNTANT

This Appendix should be completed by the certified public accountant (CPA) employed or contracted by the captive insurer and is submitted only in conjunction with captive insurer's application for a Certificate of Authority.

Name of Applicant Captive Insurer: _____

General Information

Full Legal Name of Individual or Firm: _____

FEIN or SSN _____

Position or Title: _____

If Individual, Current Firm or Employer Name: _____

Business Address: _____

Business Email Address: _____

Business Phone Number: _____

Qualifications

Captive insurers must employ or contract with a qualified, experienced CPA or a nationally recognized firm of CPAs who are approved by the commissioner. To assess the qualifications to perform these services, the above-named CPA must supply a resume, a completed biographical affidavit with a third party verification. If a firm, supply a resume, biographical affidavit with a third-party verification for each individual responsible for auditor's reports issued for the above named Louisiana captive insurer.

Please use the current version of the NAIC Biographical Affidavit. This form can be obtained from the NAIC web site (<https://content.naic.org/sites/default/files/industry-ucaa-form-11-bio-aff-fillable.pdf>). Please see the application instructions for guidance on obtaining third-party verifications.

APPENDIX C - APPROVAL OF CERTIFIED PUBLIC ACCOUNTANT

Resumes must include all of the following information

Employment History

- Employment record for the last 20 years including the current firm or employer listed above. For each position held, include employer, employer's address, dates of employment and your position or title.
- Any insurance auditing experience.
- Any current captive insurance programs with which you have relevant experience.
- Any other jobs, positions, directorates, or officerships concurrently held at present.

Education

- List all educational institutions completed, including major concentrations and major subjects. Include Academic Institution, Degrees & Dates Conferred.
- Current CPA license number, date issued, and issuing state.
- All licenses or designations held specifically relating to the business of insurance.
- Any other licenses, designations and memberships in professional organizations.

Attestation

I hereby certify that am a qualified certified public accountant and/or am authorized by the firm to make this certification. I have read and understand all of the applicable regulatory requirements for captive insurance companies, will fully comply therewith, and I have no conflicts of interest with the company I will be reviewing.

Signature: _____

Print Name: _____

Date: _____