



ARKANSAS INSURANCE DEPARTMENT
APPLICATION TO ACT AS AN INSURANCE MANAGER OR
INTERMEDIARY FOR CAPTIVE INSURANCE BUSINESS

This application is being filed pursuant to Arkansas Insurance Department Rule 73, § 11. Insurance managers and intermediaries.

No person shall act as an insurance manager or reinsurance intermediary for captive business in or from within this State without the authorization of the Commissioner. Application for such authorization must be on a form prescribed by the commissioner. Any person who engages in the insurance or reinsurance business as a producer, agent, or broker for a captive insurance company shall be licensed as such pursuant to Chapter 64 of Title 23 of the Arkansas Code Annotated and shall be authorized as such by the Commissioner.

This shall serve as application for authority to serve as an Insurance Manager or Intermediary for transacting captive insurance business. (Attach additional sheets if necessary.)

Name of Management or Intermediary Company: _____

Name of Captive Insurance Company /Companies: _____

Status of Captive _____ Pending Application _____ Existing License

Information of and attested by the Chief Executive Officer of the Management Company or Brokerage Firm

1. Full Legal Name: _____

2. Business Address: _____
(Street) (Telephone)

(City) (State) (Zip Code)

3. Residence Address: _____

4. Personal Data

a) Date of birth ____ / ____ / ____ Social Security number _____

5. Education and Degree(s)

High School: _____

College & Degree: _____

Graduate or Professional: _____

(List all educational Institutions and locations on additional sheet if necessary)

6. Present Occupation

Position/Title _____

Employer's Name _____

Address _____

Length of Employment _____

7. Other positions, directorates or officerships presently held:

8. Complete employment record for the past 10 years(attach additional sheets as necessary):

Dates Employer & Address Title

9. List all captive management experience (attach additional sheets as necessary):

10. Have you ever been indicted and/or convicted of any crime or offence (excluding traffic violations)?

If "YES" Submit full particulars of each case and disposition thereof.

11. Do you currently hold or have you ever held any type of insurance license?

Type

State

Expiration date

12. Have you ever had a license refused or revoked by an Insurance Department? If so, provide details:

13. I control directly or indirectly, or own legally or beneficially, 10% or more of the outstanding stock of the following insurers, brokerage firms, insurance services or risk management consultation firms:

14. I have never been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of an insurer which, while I occupied and such position or capacity with respect to it, became insolvent or was placed in conservatorship, or was enjoined from or ordered to cease and desist from violating any securities or insurance law, except as follows:

15. The Certificate of Authority or license to do business of any insurance company of which I was an officer or director or key management person has never been suspended or revoked while I occupied such position, except as follows:

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated and signed this _____ day of _____

At: _____

Signed _____ Title _____

Subscribed and sworn before me this _____ of _____ 200_____

Signature of Notary Public _____

Notary Public authorized by the law of the State of

My commission expires on _____

Attach the following:

Company Information: Financial Statements for the past 3 years and a narrative of the Company's experience in captive management.

Biographical Affidavits for any and all individuals who will be associated with this office in any company management or reporting capacity.

Proof of Bond or other form of financial responsibility.

List of captive insurance company clients, domicile, date licensed and current status.