

7. Complete employment record for the past 10 years:

Dates of Employment	Employer, City & State	Title

8. List all captive management experience:

9. Have you ever been indicted and/or convicted of any crime or offence (excluding traffic violations)? Yes No

If “Yes” Submit full particulars of each case and disposition thereof:

10. Do you currently hold or have you ever held any type of insurance license? List type of license, state in which it is held, and date of expiry.

11. Have you ever had a license refused or revoked by an Insurance Department?

Yes No

If so, provide details:

12. 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:

13. 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:

14. 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:

Certification

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 20

Signed:

Title:

Subscribed and sworn before me this _day of 20

Signature of Notary Public

Notary Public authorized by the law of the State of

My commission expires on

Attachments and Notes

Company History. Please provide a full accounting of your experience in captive management.

Plan of Operation. Provide a business plan for the operation of the management company. Include, among other things, such items as where the principal office will be located; staffing; growth plans; the nature, scope, and complexity of captives to be managed; and where the books and records of the company will be made available for review and examination if the management office will not be located in South Carolina.

SC Captive Biographical Affidavits for any and all individuals who will be associated with this office in any fiduciary capacity. Administrative personnel are excluded.

Proof of financial responsibility. This may be a bond, E&O policy etc.

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

Meeting Requirement

As soon as possible, and before undertaking to manage any captive company in South Carolina, please arrange to meet with representatives of the South Carolina Department of Insurance to discuss the information provided in this notification and procure any additional guidance that the Department may have for captive managers.

A meeting via telephone may be used to replace an in-person meeting.

Authority:

Regulation 69-60, Section 10. Insurance managers and intermediaries.

No person shall, in or from within this State, act as an insurance manager, broker, agent, salesman, or reinsurance intermediary for captive business without the authorization of the director or his designee. Application for such authorization must be on a form prescribed by the director or his designee.