

17. Will an Audit Committee be formed? Yes _____ No _____

18. Will an Executive Committee be formed? Yes _____ No _____

19. Names of members of Investment Committee:

20. Name, address, telephone number and email of Authorized Captive Manager:

21. Name, address, telephone number and email of Law Firm and Attorney:

22. Name and address of Claims Handler and Underwriter:

23. Name and address of Authorized Certified Public Accountant:

24. Name and address of Authorized Actuary:

25. Name and address of Reinsurance Broker/Intermediary:

26. If applicant for licensure as a captive is a branch captive, it shall attach a statement from the alien captive insurance company memorializing its consent to the Department's examination of the alien captive insurer in its home jurisdiction.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE TRUE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

I FURTHER CERTIFY THAT I WILL NOTIFY THE COMMISSIONER WITHIN TEN DAYS OF ANY MATERIAL CHANGE IN THE INFORMATION FILE WITH THIS APPLICATION.

Name _____ Date _____

Signature _____

Title _____