STATE OF NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE

CAPTIVE INSURANCE COMPANY APPLICATION

Answer each question on this application. If a question is not applicable, respond by indicating "not applicable." Do not leave a question blank. Incomplete applications will be returned. Submit one signed original as directed below and email a pdf filing to dobi.captives@dobi.nj.gov.

The Department reserves the right to send the application to an independent actuary for review. The cost of this review shall be paid by the applicant within 30 days of receiving an invoice from the review firm.

New Jersey Department of Banking and Insurance

Office of Captive Insurance

20 West State Street P.O. Box 325

Submit completed applications to:

7.

8.

Trenton, New Jersey 08625-0325 **Captive Formation Captive Redomestication** Name of proposed captive _____ 1. 2. Indicate type of proposed captive Pure ____ Association ____ Industrial Insured ____ Branch ____ Sponsored ____ 3. Form of organization Stock ___ Mutual ___ Reciprocal ___ LLC ___ Non-profit ___ Other _____ Date of formation _____ FEIN _____ 4. Parent or beneficial owner Names(s) of beneficial owner(s) Percentage of Ownership 5. 6. Explain relationship among beneficial owners

Name, address, telephone and email of individual to be contacted regarding this application.

Enclose most recent audited financial statements of Beneficial Owners.

Vice President and Secretary		
Vice President(s)		
Assistant Secretary		
Directors		
Location of principal office of propo	_	
Locations of books and records		
Indicate jurisdiction(s) where majori		
Resident Registered Agent and Addr	ress	
Capital and/or Surplus of Company		
(a) Initial Capital \$ Initial Surplus \$ Total \$		
Initial Surplus \$ Total \$		icyholders: \$
Initial Surplus \$	urplus Contributed by Pol	•
Initial Surplus \$ Total \$ (b) Amount of Initial Capital and Su (c) Amount of Initial Capital and Su	urplus Contributed by Polurplus Contributed by Per	sons other \$
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Initial Surplus \$	urplus Contributed by Pol urplus Contributed by Per uch persons and their rela and par value:	sons other \$ tionship to the Captive: Number of shares
Initial Surplus \$	Irplus Contributed by Polarplus Contributed by Perach persons and their reland par value:	sons other \$ tionship to the Captive: Number of shares Amount

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 capting insurance company memorializing its consent to the Department's examination of the alien captive insurance in its home jurisdiction.	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN A TRUE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.	RE
I FURTHER CERTIFY THAT I WILL NOTIFY THE COMMISSIONER WITHIN TEN DAYS OF AIMATERIAL CHANGE IN THE INFORMATION FILE WITH THIS APPLICATION.	NY
Name Date	
Signature	
Title	