

**STATE OF DELAWARE
DEPARTMENT OF INSURANCE
APPLICATION FOR ADMISSION**

SERIES / INCORPORATED CELL / PROTECTED CELL

The Application for Certificate of Authority must be attested to by owner's signature on Page 2. A scan of the complete application should be emailed to captive@state.de.us.

Mail the application fee check and a copy of the completed Application (Form A-2) to:
Delaware Department of Insurance
Bureau of Captive & Financial Products
841 Silver Lake Boulevard
Dover, DE 19904

Mail the original Application and Biographical Affidavits to:
Delaware Department of Insurance
Bureau of Captive & Financial Products
1007 North Orange Street, Suite 1010
Wilmington, DE 19801

Questions, please contact Jamie Bafundo at jamie.bafundo@state.de.us or 302.577.5281

1. Core/Sponsored Captive: _____ License Date: _____

2. Name of Company: _____ EIN: _____

3. Type of Company: Series Incorporated Cell Protected Cell

4. Series/Cell's Form of Organization: Stock Nonstock Mutual Reciprocal
 Statutory Trust LLC LLP Partnership Other _____

5. Parent's Form of Organization: Stock Nonstock Mutual Reciprocal
 Statutory Trust LLC LLP Partnership Other _____

6. Reviewed all Core/Sponsor organizational documents: Yes No

7. List all lines of insurance coverage: _____

8. Name(s) of Owner(s) with interest equal to or greater than 10%	Percentage of Ownership
_____	_____
_____	_____
_____	_____

NOTE: If an Owner is a Trust, provide name(s) of the Trustee(s) above.

9. Explain relationship between or among Owners:

10. Enclose completed Biographical Affidavits and most recent audited financial statements for either Owner(s), Operating Company, or Holding Company identified above. In cases where audited financial statements are not available, please provide income statements with balance sheets.
11. Name, address, telephone and email of the Captive Manager who may be contacted regarding this application:

12. Funding source for initial capital and surplus of Series/Cell: Cash Letter of Credit Mutual Funds

I certify that to the best of my knowledge and belief all of the information given in this application is true and correct. I further certify that I will notify the commissioner within thirty days of any material change in the information filed with this application.

Owner's Name: _____ Date _____

Owner's Signature: _____

Title: _____

The following items, if applicable, must accompany this Application. The Captive Manager will complete the checklist below.

- Biographical Affidavits of Owner(s), Officers, Members, Trustee(s) and/or Fiduciary
- Declaration Affidavit for Financial Institution as Trust Trustee
- Draft Series Operating Agreement
- Strategic Business Plan with organizational chart and/or business schematic
- Most recent audited financial statement(s) [If an audited financial statement is not available, provide an income statement with balance sheet for each owner]
- Copy of Trust Agreement(s) and/or Collateral Agreement(s)
- Most recent Trust's Audited Financial Statement
- Actuarial Feasibility Study with 5 year expected and adverse proformas
- Draft Investment Policy for Series or Cell
- Sample Insurance Policies
- Sample Reinsurance Agreement(s)
- Captive Manager Agreement
- Application Fee (\$300) and Processing Fee (\$3,200)

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 thirty days of any material change in the information filed with this application.

Name of Captive Manager: _____ Date: _____

Authorized Signature: _____

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.