



Captive Insurance Company Business Plan Change Request for Dormant Status

The undersigned captive manager hereby requests that, on this ____ day of _____, 20____, _____
_____ (*insert name of captive insurance company*), hereinafter referred to as the Captive
Insurance Company, be treated as a dormant captive insurance company pursuant to 18 **Del. C.** §§ 6902(17)a and b,
and 6924.

Attached is the following documentation showing the Captive Insurance Company qualifies for dormant status:

- ___ 1. A copy of the prior year's Annual Report that is highlighted to demonstrate that the Captive Insurance Company did not contract for or collect any direct premium for an entire calendar year prior to the date of this request, pursuant to 18 **Del. C.** § 6902(17)a.1.
- ___ 2. A copy of the prior year's Annual Report that is highlighted to demonstrate that it did not contract for or assume any reinsurance premium for an entire calendar year prior to the date of the request, pursuant to 18 **Del. C.** § 6902(17)a.2.
- ___ 3. A copy of the most recent set of financials (but not older than 3 months prior to the date of this Request), including a balance sheet and an income statement that demonstrate that the Captive Insurance Company possesses and has the ability to maintain unimpaired capital and surplus of at least twenty-five thousand dollars (\$25,000) during the five year initial dormancy period as required by 18 **Del. C.** § 6924(a).
- ___ 4. A resolution of the Captive Insurance Company's governing body authorizing the undersigned captive manager to sign this Request on behalf of the Captive Insurance Company.

Additionally, the Captive Insurance Company affirms the following (*all lines must be checked to qualify*):

- ___ 1. It was not obligated as an insurance company of any type under any contract of insurance or reinsurance issued or entered into during any year in which it is a dormant captive insurance company pursuant to 18 **Del. C.** § 6902(17)b.
- ___ 2. It will not resume transacting the business of insurance until such time as the Captive Insurance Company has provided at least 30 days advanced written notice to the Commissioner of its intention to resume assuming risk through the issuance of insurance policies, reinsurance contracts, or both, and accepting premium, whether direct, assumed via reinsurance, or both, as required by 18 **Del. C.** § 6924(f).
- ___ 3. It will remain in dormancy no longer than five (5) years unless an extension of the 5 year period is approved by the Commissioner at least 30 days prior to the expiration of the 5 year period, as required by 18 **Del. C.** § 6924(g) and (h).
- ___ 4. It will not elect to pay any dividend, make any loan, nor take any other action the Commissioner deems to be a material transaction, unless it provides the Commissioner with at least 30 days written notice or it receives the Commissioner's prior approval of any such action within such 30 day period, as required by 18 **Del. C.** § 6922.
- ___ 5. It will abide by and fulfill all legal requirements for dormancy cited in the Delaware Insurance Code.
- ___ 6. It understands that the Commissioner is authorized to take action pursuant to 18 **Del. C.** § 6909 for falsification of or any violation of the foregoing affirmations and to immediately suspend or revoke the Captive Insurance Company's certificate of authority.

Printed Name of Captive Manager _____

Signature of Captive Manager _____