

CERTIFICATION
REGARDING
DISSOLUTION AND LIQUIDATION OF
[CAPTIVE]

In connection with the request of [Captive] (“[Abbrev]”) to terminate, dissolve, and liquidate, I, [Name], [Title] of [Captive Manager], captive manager of [Abbrev], hereby certify that as of the date of this certification:

1. All insurance policies issued by [Abbrev] have been terminated. No policyholder under any insurance policies issued by [Abbrev] is eligible to make any claims under such policies.
2. All reinsurance or retrocession policies or contracts issued by [Abbrev] or to which [Abbrev] is a party have been terminated as to [Abbrev].
3. All liabilities and obligations of [Abbrev] with respect to claims under any insurance policies and/or reinsurance contracts to which [Abbrev] was a party have been provided for, taking into consideration any reinsurance pool arrangements [Abbrev] has participated in.

[NAME]
[Title] of [Captive Manager]

Dated: _____