

**CAPTIVE MANAGER'S DISSOLUTION REQUEST FOR SERIES
COVER SHEET**

Captive Name:	
Captive Management Name:	
Date of License	
COA No.	

Checklist	Sign-Off
Write reason for Dissolving:	
Executed consent from the Core Board of Directors and, if applicable, the series member(s) of the series approving the dissolution.	
Executed & Notarized Current Year Annual Statement (Jurat Page, Balance Sheet & Income Statement).	
Proof of Premium Tax payments for prior year as well as the current year payment needs to be mailed to the Dover Office.	
If the series is a registered series, a draft of the Certificate of Cancellation of the Certificate of Registered Series.	
Certification that all liabilities have been provided for, insurance and/or reinsurance policies have been terminated, and that no claims are outstanding including that the captive has no further obligations under any policies taking into consideration any reinsurance pool arrangements the captive participated in.	
Statement by the owner(s) acknowledging that no funds may be distributed to the owner(s) until all outstanding liabilities have been settled with the Department.	
Does captive have a LOC? ____ If so, request the Department to process LOC cancellation.	
Verify that all the outstanding examination invoices have been paid to the Department. If not, make final payment as soon as possible.	

Captive Manager's Signature _____

Date _____

Notes:

- Premium Tax and Annual Report cannot be waived, unless it is a Dormant Captive which subject to annual renewal fee of \$400.
- Actuarial Opinion and Audited Financial Statements can be waived if the Dissolution Request has been submitted before Jun 30th.
- Financial Exam can be waived after the official Dissolution Request has been received, unless 30-day notice has been sent to start the fieldwork.
- Dissolution approval date will be on or after the date the Department receives the request and dissolution documents at captive@delaware.gov e-mail box.