



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER



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www.oci.ga.gov

**INSURANCE FINANCIAL
OVERSIGHT**

GID-407-RS JUL2015

**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR
REDOMESTICATING CAPTIVE INSURANCE COMPANY**

1. **Name of Captive:** _____

2. **Name of Parent Company or Sponsoring Organization** _____

3. **Individual to be Contacted Regarding this Application:**

Name _____

Phone Number _____

Address _____

E-mail Address _____

4. **Type of Proposed Captive:**

Pure

Association

Industrial Insured

Risk Retention Group

5. **Organization Form:**

Stock

Mutual

6. **Home office of Captive after Redomestication (street address):** _____

7. **Location of Books and Records after Redomestication (street address):** _____

8. **Resident Registered Agent:**

Name _____

Phone Number _____

Address _____

E-mail Address _____

9. **Lines of Insurance Coverage:**

Casualty (Excluding Accident & Sickness)

Property

Marine and Transportation

Surety

Workers Compensation

Other _____

10. Capital and Surplus:

Initial Capital \$ _____

Initial Surplus \$ _____

Total \$ _____

11. Stock:

Type or Class of Stock	Number of Shares Authorized	Number of Shares Issued	Par Value

12. Location of Stock Register (street address): _____

13. Letters of Credit (if applicable – See Department’s website for sample):

Name of Bank _____ Amount of Letter of Credit \$ _____

Address _____

14. Owner(s) (individual or entity - if the Owner is a Trust, provide information regarding the Trustees - attach additional sheets, if necessary):

Name _____

Phone Number _____

Address _____

E-mail Address _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

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Name _____

Phone Number _____

Address _____

E-mail Address _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

15. Explain Relationship Among Owners: _____

16. Officers and Directors (at least one Director must be a Georgia resident – attach additional sheets, if necessary):

Name _____

Title with Captive _____

Address _____

Employer and Position _____

Phone Number _____

E-mail Address _____

Name _____

Title with Captive _____

Address _____

Employer and Position _____

Phone Number _____

E-mail Address _____

Name _____

Title with Captive _____

Address _____

Employer and Position _____

Phone Number _____

E-mail Address _____

Name _____

Title with Captive _____

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Address _____ Employer and Position _____
 _____ Phone Number _____
 _____ E-mail Address _____

Name _____ Title with Captive _____
 Address _____ Employer and Position _____
 _____ Phone Number _____
 _____ E-mail Address _____

Name _____ Title with Captive _____
 Address _____ Employer and Position _____
 _____ Phone Number _____
 _____ E-mail Address _____

17. Employee Captive Manager (if applicable):

Name _____ Phone Number _____
 Address _____ E-mail Address _____

List Georgia Licenses Held (if any) and License Numbers: _____

18. Service Providers:

a. **Captive Manager or Captive Management Company (if applicable):**

Company Name _____ Contact _____
 Address _____ Phone Number _____
 _____ E-mail Address _____

List Georgia Licenses Held (if any) and License Numbers: _____

b. **Certified Public Accountant or Certified Public Accounting Firm:**

Firm Name _____ CPA _____
 Address _____ Phone Number _____
 _____ E-mail Address _____

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c. **Actuary or Actuarial Firm:**

Firm Name _____ Actuary _____
Address _____ Phone Number _____
_____ E-mail Address _____

d. **Third Party Administrator:**

Company Name _____ Contact _____
Address _____ Phone Number _____
_____ E-mail Address _____

List Georgia Licenses Held (if any) and License Numbers: _____

e. **Producer:**

Company Name _____ Producer _____
Address _____ Phone Number _____
_____ E-mail Address _____

List Georgia Licenses Held (if any) and License Numbers: _____

f. **Managing General Agent:**

Company Name _____ Contact _____
Address _____ Phone Number _____
_____ E-mail Address _____

List Georgia Licenses Held (if any) and License Numbers: _____

g. **Reinsurance Broker/Intermediary:**

Company Name _____ Contact _____
Address _____ Phone Number _____
_____ E-mail Address _____

List Georgia Licenses Held (if any) and License Numbers: _____

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h. **Law Firm:**

Firm Name _____

Attorney _____

Address _____

Phone Number _____

E-mail Address _____

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CERTIFICATION

I do hereby 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 on facts that have been carefully considered and assessed. I further certify that I will notify the Commissioner of Insurance of the State of Georgia within thirty (30) days of any material change in the information contained within and filed with this application.

By: _____

Date: _____

Name: _____

Title: _____
(Officer, Director, or Attorney-in-Fact)

Sworn to and subscribed before me this

____ day of _____, 20____.

Notary Public

My Commission Expires:_____

(SEAL)

By: _____

Date: _____

Name: _____

Title: _____
(Captive Manager)

Sworn to and subscribed before me this

____ day of _____, 20____.

Notary Public

My Commission Expires:_____

(SEAL)