

Captive Actuarial Opinion Waiver Affidavit

Instructions

To request an exemption, a captive insurer who qualifies for a waiver under the Texas Insurance Code (TIC) Section 964.060(d) must submit this Affidavit to the Commissioner no later than 30 days prior to the end of the fiscal year subject for which the exemption is to be claimed. Please submit this completed affidavit by email to ActuarialDivision@tdi.texas.gov.

Note: If the exemption is approved, TDI will complete the bottom portion of this affidavit and return the entire document for you to include the Annual Report filing.

Reminder: A waiver affidavit is required for each filing year.

Company information

Date _____ Year for which a waiver is requested _____

Calendar year net written premium or reinsurance assumed _____ as of _____

Date of operation _____

Company name _____

Address _____

City _____ State _____ ZIP _____

Company contact _____

Phone _____ Email _____

Certification

Being first duly sworn upon their oath _____deposes and says:
(Name)

I am a captive manager of the Company named above; the Company qualifies for a waiver under the Texas Insurance Code (TIC) Section 964.060(d), by reporting net written premium or reinsurance assumed of less than \$1 million in the year for which a waiver is requested or the Company has been in operation for less than six months as of the end of the year for which a waiver is requested; and the statements contained herein are true and correct to the best of my knowledge and belief.

Officer/Captive Manager name _____ Title _____

Officer/Captive Manager signature _____

Given under my hand and seal of office this _____ day of _____, A.D. _____

Notary public signature

Notary printed name

(NOTARY SEAL)

Notary public, State of _____

My commission expires _____

TDI use only

The Texas Department of Insurance, Actuarial Division has approved this Actuarial Opinion Waiver Affidavit.

TDI approval by:

Name _____ Title _____

Signature _____ Date _____