

Actuarial Opinion Exemption Affidavit

Instructions

To request an exemption an insurer must submit this Affidavit to the Commissioner no later than December 1 of the calendar year for which the exemption is to be claimed. Exemption requirements are found in the Actuarial Opinion section of the NAIC Annual Statement Instructions. 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 with the Annual Statement filing.

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

Company information

Year for which exemption is requested _____

NAIC # _____ NAIC Group #, if applicable _____

Annual statement filing type: Health Property & Casualty

Company name _____

Address _____

City _____ State _____ ZIP _____

Company contact name _____

Phone _____ Email _____

Financial information

Calendar year total direct plus assumed written premiums _____ as of _____.

Total direct plus assumed loss and loss adjustment expense reserves _____ as of _____.

Exemption type

Select the exemption that applies:

- Exemption for insurers under supervision or conservatorship.
- Exemption for nature of business.
- Exemption for small company - I certify that the total direct plus assumed premiums written during the calendar year listed above **was or is expected to be less than \$1 million** and the total direct and assumed loss and loss adjustment expense reserves for the year-end was or is expected to be less than \$1 million.
- Exemption for financial hardship - I certify that the projected reasonable cost of the Actuarial Opinion is greater than the lesser of the following amounts as of 9/30/20____:
 - 1% of capital and surplus _____ or
 - 3% of annualized direct and assumed written premiums_____.

Certification

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

I am an officer of the Company named above, and the Company qualifies for the following exemption from filing an Actuarial Opinion according to NAIC Annual Statement Instructions for the year listed above.

The Company will submit this Affidavit with the Annual Statement filing. The statements contained herein are true and correct to the best of my knowledge and belief.

Officer name _____ Title _____

Officer signature _____ Date _____

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

Texas Department of Insurance, Actuarial Division has approved this Actuarial Opinion Exemption Affidavit. Please include this signed form with your annual statement filing.

TDI approval by:

Name _____ Title _____

Signature _____ Date _____