



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

**APPLICATION FOR AUTHORIZATION AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
FOR CAPTIVE INSURANCE BUSINESS**

To the Director of Insurance, Financial Institutions and Professional Registration, Jefferson City, Missouri, I hereby apply for authorization as an independent certified public accountant for the transacting of audits for Captive Insurance Companies.

ONLY INDIVIDUALS MAY APPLY

1. FULL LEGAL NAME

2. RESIDENCE ADDRESS

3. (A) DATE OF BIRTH	(B) SOCIAL SECURITY NUMBER
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4. EDUCATION AND DEGREE
HIGH SCHOOL

COLLEGE

GRADUATE OR PROFESSIONAL

5. LIST ALL INSURANCE AND/OR CAPTIVE AUDITING EXPERIENCE FOR PAST 15 YEARS INCLUDING SPECIFIC DATES (ATTACH ADDITIONAL SHEETS AS NECESSARY)

6. LIST THE MISSOURI CAPTIVE ACCOUNT(S) YOU WILL BE AUDITING.

7. PRESENT CHIEF OCCUPATION

POSITION OR TITLE	HOW LONG?
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EMPLOYER NAME	HOW LONG WITH THIS EMPLOYER?
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ADDRESS

8. HAS APPLICANT EVER BEEN ARRESTED, OR INDICTED FOR AND/OR CONVICTED OF ANY CRIME OR OFFENSE OTHER THAN A TRAFFIC VIOLATION?
 NO YES (attach full particulars of each case and disposition thereof)

9. I CONTROL DIRECTLY OR INDIRECTLY, OR OWN LEGALLY OR BENEFICIALLY THE OUTSTANDING STOCK OF THE FOLLOWING INSURERS

10. DO YOU CURRENTLY HOLD OR HAVE YOU HELD ANY TYPE OF INSURANCE LICENSE?
 NO YES If yes, complete the following:

TYPE	STATE	EXPIRATION DATE

11. HAVE YOU EVER HAD A LICENSE OR PRIVILEGE REFUSED OR REVOKED BY AN INSURANCE DEPARTMENT?
 NO YES

If so, give details: _____

12. ARE YOU CURRENTLY LICENSED AS A CPA?

NO YES If yes, in the state of: _____

13. HAS YOUR LICENSE AS A CPA IN THIS STATE OR ANY STATE EVER BEEN SUSPENDED OR REVOKED?

NO YES

If so, give details: _____

14. WILL YOU ASSIGN ONLY INDIVIDUALS THAT HAVE A MINIMUM OF TWO YEARS INSURANCE AUDITING EXPERIENCE?

NO YES

I hereby certify that I have read and understand all of the requirements and provisions of the Captive Insurance Financial Regulation relating to Captive Insurance Companies, and will fully comply therewith. (NO FEE REQUIRED)

SIGNATURE

DATE

NOTARY

NOTARY PUBLIC EMBOSSEER OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)