



**INSTRUCTIONS**

- Contact:
  - BC Financial Services Authority
  - 600-750 West Pender Street
  - Vancouver, B.C. V6C 2T8
  - Web: <https://bcfsa.ca/>
  - T 604.398-5034 Toll-free: 1.866.206.3030 (BC)
  - Email: [statapprovals@bcfsa.ca](mailto:statapprovals@bcfsa.ca)
- A captive insurance company must submit a complete application for renewal of its registration within 90 days of its fiscal year end pursuant to section 9 of the *Insurance (Captive Company) Act* and section 6, section 7 and section 8 of the *Insurance (Captive Company) Regulation*.
- Excepting the certifying signatures, this form must not be handwritten.
- Please submit the completed form, along with all other requirements in respect of the application for renewal of registration, via the Integrated Regulatory Information System ("IRIS") Portal which can be accessed at BC Financial Services Authority's ("BCFSA") website.

**PART A – APPLICANT INFORMATION**

Name of Captive Insurance Company	Captive Fiscal Year End (mm/dd/yyyy)
Date of Application (mm/dd/yyyy)	Parent/Association Fiscal Year End (mm/dd/yyyy)

Registered Address

Records Address

**PART B – MATERIAL CHANGES**

Please report any material changes to insurance policies (including endorsements) issued by the captive

Please report any material changes to the captive’s reinsurance program or fronting arrangements

Please report any material changes to the captive’s Investment Policy

Please report any other material changes

## PART C – DIRECTOR INFORMATION

Please enter information in respect of the Directors of the captive as at the fiscal year end:

Name	Street Address	City	Postal Code	Email	Phone Number	New this Renewal (Y/N)?

## PART D – OFFICER INFORMATION

Please enter information in respect of the Officers of the captive as at the fiscal year end:

Name	Street Address	City	Postal Code	Email	Phone Number	New this Renewal (Y/N)?

## PART E – SHAREHOLDER INFORMATION

Please enter information in respect of the Shareholder(s) of the captive as at the fiscal year end:

Name	Location	Number of Shares Held	Par Value Per Share	Amount Paid
<b>TOTAL:</b>			<b>TOTAL:</b>	<b>\$</b>

## PART F – APPOINTED ACTUARY INFORMATION

Name of Firm	Name of Appointed Actuary
Address	
Email Address	Phone

**PART G –EXTERNAL AUDITOR INFORMATION**

Name of Firm	Name of Partner
Address	
Email Address	Phone

**PART H – CAPTIVE MANAGER INFORMATION**

Name of Firm	Name of Captive Manager
Address	
Email Address	Phone

**PART I – CERTIFICATIONS**

Name	Title
Declared in the city of:	Date

I, \_\_\_\_\_, solemnly declare that, to the best of my knowledge, and conscientiously believing it to be true, the information provided in support of this application for renewal of registration of a captive insurance company is correct and complete in all material aspects and I hereby undertake to notify BC Financial Services Authority immediately, in writing, in the event that there is any material change to any of the information provided within this form or any supporting documents to the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature