



Department of Consumer and Business Services

Insurance Division — 4

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**Captive Insurer
Reinsurance Exhibit**

Captive insurer name: _____

Contact:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () - _____ E-mail: _____

Policy offered	Direct or assumed	Policy limits (per occurrence & aggregate)	Excess of amount & form	Claims made or occurrence	Amount reinsured	Reinsurer