

DISTRICT OF COLUMBIA BIOGRAPHICAL AFFIDAVIT

Instructions: A biographical affidavit must be completed by each director, officer, and service provider, including the captive manager, attorney, CPA, actuary, managing general underwriter, managing general agent, organizer, sponsor or promoter, including such persons who will own more than 10 percent of the outstanding shares of the applicant, or who will be providing more than 25 percent of the applicant's initial capital or surplus. Answer each question on this application and provide a detailed explanation where necessary. Do not leave a question blank. Incomplete applications will be returned.

Name and Address of Captive _____

In connection with the above named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space is insufficient to answer any question fully.)

1. Affiant's Full Name

Marital Status _____ Social Security Number _____

2. Have you ever had your name changed? _____ If yes, state the name and the reason for the change:

3. Date of Birth _____ Place of Birth _____

Color of Hair _____ Eyes _____ Height _____ Weight _____

4. Education and Degrees

High School _____

College _____

Graduate or Professional

(List all educational institutions and locations on an additional sheet, if necessary.)

5. Member of Professional Societies or Associations (List)

6. Present position with the applicant company

7. Affiant's Business Address

8. Affiant's Business Telephone

9. What is your present primary occupation?

Position or Title _____

Employer's Name _____ Telephone Number _____

Address _____

How long with this employer? _____

10. Present employer may be contacted? Yes No (Circle one)

Former employers may be contacted? Yes No (Circle one)

11. Other jobs, positions, directorates, officerships concurrently held at present

12. Complete Employment Record for Past 10 Years (up to and including present jobs, positions, directorates or officerships)

Date	Employer and Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. For the last 10 years, I have lived at the following address or addresses:

Address	City, State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Have you ever been declared bankrupt? If yes, explain: _____

15a. Have you ever been in a position, which required a fidelity bond? If yes, explain: _____

15b. Were any claims were made on the bond? _____

16. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? _____

17. Have you ever been convicted or had a sentence imposed, suspended or had pronouncement of a sentence suspended or been pardoned for conviction of, or pleaded guilty of or nolo contendere to any information or an indictment charging any felony, or charging a misdemeanor involving embezzlement, theft or larceny, mail fraud, or violating any corporate securities statute or any insurance law, or been the subject of any disciplinary proceedings of any federal or state regulatory agency?

18. During the last 10 years, have you either been refused a professional, occupational, or vocational license issued by any public or governmental licensing agency or regulatory authority, or had such a license held by you suspended or revoked, or subjected to a fine in connection with such license?

19. I presently hold or have held in the past 10 years the following professional, occupational, or vocational license(s) issued by a public or governmental licensing agency or regulatory authority (state, date license issued, issuer of license, date terminated, reason for termination):

20. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of an insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed in conservatorship or liquidation, or was enjoined from or ordered to cease and desist from violating any securities or insurance law?

21. Has any insurer of which you were an officer, director, producer or underwriter, captive manager, organizer, sponsor, or promoter at the time has ever been denied or refused voluntarily withdrawn its application for a license or certificate of authority?

22. Has any insurer of which you were an officer, director, producer or underwriter, captive manager, sponsor, promoter, or organizer or other key management person (as an employee or service provider) had its certificate of authority or license to do business suspended or revoked, or paid a fine of more than \$1,000.00 while you occupied such position?

Dated and signed this _____ day of _____ at _____

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public _____

My commission expires on: _____

NOTARY SEAL