

**DISTRICT OF COLUMBIA BIOGRAPHICAL AFFIDAVIT
(FOR RISK RETENTION GROUPS ONLY)**

Instructions: A biographical affidavit must be completed by each director, officer, captive manager, and owner who will own more than 10 percent of the outstanding shares of the applicant. Answer each question on this application and provide a detailed explanation where necessary. Do not leave a question blank. Incomplete applications will be returned. Applicants shall submit this completed application to: The DC Department of Insurance, Securities and Banking, 1050 First St., NE, Suite 801 Washington, DC 20002, Attn: Risk Finance Bureau or via email to captive.filings@dc.gov.

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

Last 4 digits of 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 _____

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 and Email Address

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

Address	City, State, Zip Code	Dates
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14. Have you ever been declared bankrupt or filed for bankruptcy? If yes, explain:

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

15b. Were any claims 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?

I certify under penalty of perjury under the laws of the District of Columbia that the information provided in this application is true and correct.

Print Name

Signature

Date