STATE OF DELAWARE
DEPARTMENT OF INSURANCE

DECLARATION AFFIDAVIT
For
FINANCIAL INSTITUTION
As
TRUST TRUSTEE

Answer each question on this affidavit. If a question is not applicable, respond by indicating "not applicable." Do not leave a question blank. Incomplete affidavits will be returned. Submit one signed original as directed below and email a pdf file to jamie.bafundo@state.de.us.

      Submit completed Affidavit to: **Delaware Insurance Department**
                                       Bureau of Captive & Financial Products
                                       820 N. French Street, 3rd Floor
                                       Wilmington, DE 19801

1. Name of Institution: _____

2. Address: _____

3. Date Chartered: _____

4. Charter class: N   SM   NM   SA   SB

    (National, supervised by the Office of the Comptroller of the Currency; State Charter, Fed Member-Supervised by Fed Reserve; State Charter non Fed Member, supervised by FDIC; State or Federal Savings Association, supervised by OTS; State Charter supervised by FDIC)

5. Employer Identification Number (EIN): _____

6. Name/Title of authorized Officer(s) of the Trustee: _____

7. Office Address: _____

8. Telephone Number: _____ Email Address: _____

EXECUTION PAGE FOLLOWS

TRUSTEE DECLARATION:
(Please print/type)

I, _____, as a trustee of (name of Trust) _____

_____, hereby, acknowledge and agree that Delaware Law prohibits me as trustee of a trust that owns shares in (name of captive) _____, a Delaware captive insurance company, from taking any action that would violate the provisions of Chapter 69 of Title 18 of the Delaware Insurance Code, including but not limited to Section 6922.

Signature: _____

Dated and signed this _____ day of _____, 20____

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