

**STATE OF DELAWARE
DEPARTMENT OF INSURANCE**

BIOGRAPHICAL AFFIDAVIT

1. Name of captive insurance company or authorized provider:

A biographical affidavit is required if you hold one or more of the following positions:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Captive Owner | <input type="checkbox"/> Director | <input type="checkbox"/> Captive Manager |
| <input type="checkbox"/> Trustee/Fiduciary | <input type="checkbox"/> Officer | <input type="checkbox"/> Certified Public Accountant |
| | <input type="checkbox"/> Member | <input type="checkbox"/> Actuary |

Attach addendum or separate sheet if space is insufficient to fully answer any question.

2. Affiant's Full Name: _____ SSN: _____

3. DOB: _____ Place of Birth: _____

4. Current Address: _____

5. Telephone Number: _____ Email Address: _____

6. Citizenship Status: US citizen Permanent Resident
 Noncitizen National of the US Alien Authorized to Work

If not a US citizen, include country of citizenship _____

7. List any Name changes:	Reason for the change:
_____	_____
_____	_____
_____	_____

8. List all Permanent Addresses for the past 10 years:

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

9. Education and Degrees:

High School: _____

College: _____

Graduate or Professional: _____

10. Applicant's Business Address: _____

11. Business Telephone: _____ Email: _____

12. Identify employment for past 10 Years (up to and including present position). Please list the most recent first.

Date	Name of Entity	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. May your current employer be contacted? _____. If so, please provide contact information:

14. List all Director and Officer positions held in the past 3 years:

Date	Company and Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. List memberships in professional societies and associations:

16. List professional, occupational, vocational licenses and/or certifications you presently hold:

17. Have you ever:

- Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? _____
- Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? _____
- Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? _____
- Been convicted or tried for, received deferred adjudication or probation, or pleaded guilty, or nolo contendere to the commission of any felony or misdemeanor or the violation of any law, except civil traffic offense(s)? _____

- e. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating and federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? _____
- f. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, lien or a financial dispute in excess of \$10,000? _____
- g. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? _____

If the response to any question above is answered "Yes", please provide details including dates, locations, dispositions, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

18. Have you ever:

- a. Been in a position which required a fidelity bond? _____ Have any claims been made? _____

- b. Been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? _____ If yes, give details: _____

- c. Has a company ever been so charged, allegedly as a result of any action or conduct on your part? _____ If yes, give details: _____

- d. 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 was enjoined from or ordered to cease and desist from violating any securities or insurance law? _____ If yes, give details: _____

- e. Has any insurer of which you are/were an officer, director, or key management person at the time ever been denied, refused or voluntarily withdrawn its application for a license or certificate of authority? _____ If yes, give details: _____

f. Has the certificate of authority or license to do business of any insurance company of which you are/were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____ If yes, give details: _____

19. Owner Declaration (if applicable):

a. I and/or members of my immediate family control directly or indirectly, or own legally or beneficially, 10% or more of the outstanding stock (in voting power) of the following insurers:

b. I, _____, as an owner with interest equal to or greater than 10% in _____, (name of captive) a Delaware captive insurance company applicant, hereby agree that Delaware Law prohibits me 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. My signature below shows that I understand and will abide by the cited law.

20. Trustee Declaration (if applicable):

I, _____, as a trustee of _____ (name of trust), hereby agree that Delaware Law prohibits a 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. My signature below shows that I understand and will abide by the cited law.

EXECUTION PAGE FOLLOWS

Dated and signed this _____ day of _____, 20____

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

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