



South Carolina Department of Insurance

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BIOGRAPHICAL AFFIDAVIT - CAPTIVE COMPANY

NIKKI R. HALEY

Governor

RAYMOND G. FARMER

Director

NOTE: All questions must be answered. "N/A" is not acceptable as an answer, use "None".

SECTION ONE: NAME OF CAPTIVE INSURER

Name and Address of Captive Company

SECTION TWO: AFFIANT INFORMATION

COMES NOW, the Affiant, duly sworn, who deposes and says as follows: (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) If your answer is "none" or "no exceptions," please state.

1. Affiant's Full Name: _____

Marital Status: _____ Social Security Number: _____

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

3. Date of Birth: _____ Place of Birth: _____

4. Education and Degrees

College: _____

Graduate or Professional: _____

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

5. Member of Professional Societies or Associations (List): _____

6. Present position with the applicant company: _____

Affiant's Business Address: _____

Business Telephone _____

7. 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: _____

If any of the above stock is pledged or hypothecated in any way, please detail fully. _____

8. Present Primary Occupation (other than captive): _____
 Position or Title: _____ How Long? _____
 Employer's Name: _____
 Address: _____

9. Present employer may be contacted? _____ Yes _____ No
 Former employers may be contacted? _____ Yes _____ No

10. Other jobs, positions, directorates, or offices concurrently held:

11. Complete employment record for the past 20 years (up to and including present jobs, positions, directorates, or officerships) (Add additional sheets as necessary to account for all 20 years)

<u>Date</u>	<u>Employer and Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. For the last ten years, I have lived at the following address(es) (Add additional sheets as necessary to account for all 10 years):

<u>Address</u>	<u>City/State</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. I have never been adjudicated as bankrupt, except as follows: _____

14. I have never been in a position which required a fidelity bond, except as follows: _____

15. I have never been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked, except as follows: _____

16. I have never 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, nor have I been the subject of any disciplinary proceedings of any federal or state securities regulatory agency, except as follows:

17. No company has been so charged, allegedly as a result of any action or conduct on my part, except as follows:

18. During the last ten years, I have neither been refused a professional, occupational, or vocational license issued by any public or governmental licensing agency or regulatory authority, nor has such a license held by me ever been suspended or revoked, except as follows:

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

20. I have never been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of an insurer which, while I 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, except as follows:

21. No insurer of which I was an officer, director, or key management person at the time has ever been denied or refused or voluntarily withdrawn its application for a license or certificate of authority, except as follows:

22. The certificate of authority or license to do business of any insurance company of which I was an officer or director or key management person has never been suspended or revoked while I occupied such position, except as follows:

23. To the best of my knowledge and belief, my character and reputation in the community are both excellent: _____

24. I am presently able to pay my debts as they become due: _____

SECTION THREE: CERTIFICATION

Dated and signed this _____ day of _____ 20__ at _____

I hereby certify under penalty of perjury that the foregoing statements are true, complete and correct.

(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 complete, true and correct.

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

Signature of Notary Public _____

NOTARY SEAL Notary Public authorized by law of the State of _____

to administer oaths. My commission expires on _____