

South Carolina Department of Insurance

Capitol Center, 1201 Main St., Suite 1000 Columbia, South Carolina 29201 Post Office Box 100105 Columbia, South Carolina 29202-3105

MARK SANFORD Governor

SCOTT RICHARDSON Director of Insurance

BIOGRAPHICAL AFFIDAVIT FOR ADMINISTRATORS (Print or Type)

Full Name and Address of Administrator						
		and supply information about myself as hereinafter wer any question fully.) IF ANSWER IS "NO"				
1. Affiant's Full Name (Initials Not Ac	cceptable).					
2. a. Have you ever had your name of If yes, give the reason for the characteristics.	hanged?nge					
3. Affiant's Social Security Number						
4. Date and Place of Birth						
5. Affiant's Business Address						
Business Telephone						
6. List your residences for the last ten	(10) years starting with your current address	giving:				
DATE	ADDRESS	CITY AND STATE				
7. Education: Dates, Names, Location						
Graduate Studies						
Others						

. Present or Proposed Posit	tion with the applicant administrator.	
O. List complete employme (20) years, giving:	ent record (up to and including present jobs, positions, directora	ates or officerships) for the past twenty
DATES	EMPLOYER AND ADDRESS	TITLE
1. Present employer may b	be contacted. Yes No (Check One)	
Present employer may be Former employers may		
Former employers may 2. a. Have you ever been i	be contacted. Yes No (Check One)	
Former employers may 2. a. Have you ever been i If any claims were made 3. List any professional, oc	be contacted. Yes No (Check One) in a position which required a fidelity bond?	vernmental licensing agency or regulatory
Former employers may 2. a. Have you ever been i If any claims were made 3. List any professional, oc authority which you pre termination).	be contacted. Yes No (Check One) in a position which required a fidelity bond? e on the bond, give details.	vernmental licensing agency or regulatory issuer of license, date terminated, reasons fo

15.	in voting power).				
	If any of the stock is pledged or hypothecated in any way, give details.				
16.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant administrator or its affiliates?				
17.	Have you ever been adjudged a bankrupt?				
18.	 a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any crime involving fraud, dishonesty or moral turpitude, or charging violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? If yes, give details. 				
	h Hag any company have as charged allogadly as a result of any estion or conduct an year mort?				
	b. Has any company been so charged, allegedly as a result of any action or conduct on your part? If yes, give details.				
19.	Have you ever been an officer, director, manager, administrator, trustee, investment committee member, key employee, or controlling stockholder of any company which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?				
20.	Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?				
	If yes, give details				

Dated and signed this da	y of	at	I hereby certify	
under penalty of perjury that I am acting on a knowledge and belief.	my own behalf, and that the	e foregoing statements are true an	d correct to the best of my	
		(Signature of Affiant)		
State of				
County of				
Personally appeared before me the above nabeing duly sworn, deposes and says that he etrue and correct to the best of his knowledge	executed the above instrum	perso ent and that the statements and an	onally known to me, who, swers contained therein are	
Subscribed and sworn to before me this	day of	, 20		
		(Notary P	ublic)	
(SEAL)				
		My Commission Expires		

Form No. 1000C