



South Carolina Department of Insurance

1201 Main Street, Ste. 1000, Columbia, S.C. 29202-3105

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BIOGRAPHICAL AFFIDAVIT CAPTIVE COMPANY

HENRY MCMASTER

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 heron is insufficient to answer any question fully.) **If your answer is "none" or "no exceptions," please state so.**

1. Affiant's Full Name: _____

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

3. Education and Degrees
 College: _____
 Graduate or Professional: _____
(List all educational institutions and locations on additional sheet, if necessary.)

4. Member of Professional Societies or Associations: _____

5. Present position with the applicant company: _____
 Affiant's Business Address: _____
 Business Telephone: _____

6. 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:

South Carolina Department of Insurance – Captive Biographical Affidavit

7. Present Occupation (other than captive): _____

Position or Title: _____

Employer's Name: _____

Address: _____

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

8. Complete employment record for the past 10 years. (Add additional sheets as necessary)

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

9. For the last ten years, I have lived at the following addresses. (Add additional sheets as necessary)

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

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

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

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

13. 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:

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

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15. 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:

16. 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):

17. 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:

18. 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:

19. 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:

SECTION THREE: CERTIFICATION

Dated and signed this _____ day of 20____.

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 _____