

**VERMONT DEPARTMENT OF BANKING, INSURANCE, SECURITIES
AND HEALTH CARE ADMINISTRATION**

**CAPTIVE INSURANCE SECTION
BIOGRAPHICAL AFFIDAVIT**

Full Name and Address of the present or proposed Captive Insurance Company under which this biographical statement is being required _____

In connection with the above named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) **IF ANSWER IS "NO" OR "NONE", SO STATE.**

1. Affiant's Full Name (Initials Not acceptable). _____
Maiden Name (if applicable). _____
Name of Spouse (if applicable) _____

2. Affiant's Social Security Number _____ Date of Birth (MM/DD/YY) _____
Place of Birth (City, State/Province, Country) _____

3. Have you ever had your name changed? _____ If yes, give the reason for the change and provide the full name(s). _____
Other names used at any time (including aliases). _____

4. Are you a citizen of the United States? _____
Are you a citizen of any other country. If so, what country? _____
Government Identification Number if not a U.S. Citizen _____

5. Education and Training:

<u>High School</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	
_____	_____	_____	
<u>College/University</u>	<u>City/State</u>	<u>Dated Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____
<u>Graduate or Professional</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____
<u>Other Training/Education</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

6. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u>	<u>Address</u>	<u>City, State/Province, Country</u>
<u>Dates (MM/YY)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Affiant's present position with the captive insurance company _____

8. Present Primary Occupation (other than with captive company)

Position or Title _____

Employer's Name _____

Address of Employer _____

How long with this employer? _____

9. List of memberships in professional societies and associations. _____

10. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. Please provide the following information for each:

Beginning/Ending
Date (MM/YY) _____

Employer's Name _____

Address _____

City, State/Province, Country _____

Offices/Positions Held _____

Telephone Number _____

Beginning/Ending
Date (MM/YY) _____ Employer's Name _____

Address _____

City, State/Province, Country _____

Offices/Positions Held _____

Telephone Number _____

11. Have you ever been in a position that required a fidelity bond? _____ If any claims were made on the bond, give details.

Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

12. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license(s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

13. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond “no” to the question. Have you ever:
- a. Been refused an occupational, professional or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? _____
 - b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? _____
 - c. 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? _____
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? _____
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? _____
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? _____
 - g. 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 any 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? _____
 - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? _____
 - i. 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? _____
 - j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? _____

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

14. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____
- _____
- _____

If any of the stock is pledged or hypothecated in any way, give details. _____

15. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. _____ If the answer is “Yes”, please identify the entity or entities.
- _____

If any of the shares or stock are pledged or hypothecated in any way, give details. _____

16. Have you ever been adjudged as bankrupt? _____ If yes, provide details _____
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17. To your knowledge, has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by an regulatory authority, or Governmental licensing agency? _____
 - b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? _____
 - c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Signature of Notary Public

Printed Notary Name

Notary Public authorized by laws of the State of _____
to administer oaths. My commission expires on _____