

COMMONWEALTH OF KENTUCKY
BIOGRAPHICAL AFFIDAVIT

Name and Address of Captive Company _____

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 "NONE" OR "NO EXCEPTIONS", SO 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 _____

Color of Hair _____ Eyes _____ Height _____ Weight _____

4. Education and Degrees

High School _____

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 _____

6a. 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:

7a. 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 _____

How long with this employer? _____

9. Present employer may be contacted. Yes No (Circle one)

10. Other jobs, positions, directorates, or officerships concurrently held at present

11. Complete Employment Record for Past 20 Years (up to and including present jobs, positions, directorates or officerships)

Date	Employer and Address	Title
<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>

12. For the last 10 years, I have lived at the following address or addresses:

Address	City, State	Dates
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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13. I have never been adjudged as bankrupt, except as follows: _____

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

14a. No claims were made on the 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: _____

16a. No company has been so charged, allegedly as a result of any action or conduct on my part, except as follows: _____

17. During the last 10 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: _____

17a. 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 or license, date terminated, reason for termination): _____

18. 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: _____

19. 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: _____

20. 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: _____

Date and signed this _____ day of _____ at _____

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

(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 _____

NOTARY SEAL

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