

**Ohio Department of Insurance**

John R. Kasich – Governor  
 Mary Taylor – Lt. Governor/Director



**Captive Insurance Company  
 Biographical Affidavit**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

**(Print or Type)**

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In connection with the above-named entity, 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). \_\_\_\_\_

2.a. Are you a citizen of the United States?  Yes  No

2.b. Are you a citizen of any other country?  Yes  No

If yes, what country? \_\_\_\_\_

3. Affiant’s Occupation or Profession. \_\_\_\_\_

4. Affiant’s business address. \_\_\_\_\_

Business telephone. \_\_\_\_\_

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YYYY)	Degree Obtained
Graduate Studies: College/ University	City/ State	Dates Attended (MM/YYYY)	Degree Obtained
Other Training: Name	City/ State	Dates Attended (MM/YYYY)	Degree/Certification Obtained

(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 of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone # of Society/Association

7. Present or proposed position with the applicant entity. \_\_\_\_\_

8. 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. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YYYY) -		Employer's Name	
Address		City	State/Providence
Country	Postal Code	Phone	Offices/Positions Held
Supervisor/Contact			

Beginning/Ending Dates (MM/YYYY) -		Employer's Name	
Address		City	State/Providence
Country	Postal Code	Phone	Offices/Positions Held
Supervisor/Contact			

Beginning/Ending Dates (MM/YYYY) -		Employer's Name	
Address		City	State/Providence
Country	Postal Code	Phone	Offices/Positions Held
Supervisor/Contact			

Beginning/Ending Dates (MM/YYYY) -		Employer's Name	
Address		City	State/Providence
Country	Postal Code	Phone	Offices/Positions Held
Supervisor/Contact			

9.a. Have you ever been in a position which required a fidelity bond?  Yes  No  
 If any claims were made on the bond, give details.

9.b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?  Yes  No  
 If yes, give details.

10. 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 that 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. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License		Address	
City	State/Province	Country	Postal Code
License Type	License Number	Date Issued (MM/YYYY)	
Date Expired (MM/YYYY)	Reason for Termination		
Non-insurance Regulatory Phone Number (if known)			
Organization/Issuer of License		Address	
City	State/Province	Country	Postal Code
License Type	License Number	Date Issued (MM/YYYY)	
Date Expired (MM/YYYY)	Reason for Termination		
Non-insurance Regulatory Phone Number (if known)			

11. 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:

- 11.a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  Yes  No
- 11.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?  Yes  No
- 11.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?  Yes  No
- 11.d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  Yes  No
- 11.e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  Yes  No
- 11.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?  Yes  No

- 11.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?  Yes  No
- 11.h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?  Yes  No
- 11.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?  Yes  No
- 11.j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  Yes  No

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

12. List any entity subject to regulation by an insurance regulatory authority or other 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 non-management 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.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority or other authority, or its affiliates?  Yes  No

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 company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

14. Have you ever been adjudged a bankrupt? If yes, provide details.  Yes  No

15. 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?  Yes  No

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.

15.a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency?  Yes  No

15.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)?  Yes  No

15.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?  Yes  No

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 \_\_\_\_\_ 20\_\_\_\_ 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 \_\_\_\_\_ Country 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: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

[SEAL]

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Affiant's Full Name (Initials Not Acceptable). \_\_\_\_\_

2. Have you ever used any other name including nickname, maiden name or aliases?  Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YYYY)	Name(s)	Reason (If None, indicate such)
-		
-		
-		
-		
-		
-		
-		
-		

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number \_\_\_\_\_

4. Government Identification Number if not a U.S. Citizen \_\_\_\_\_

5. Foreign Student ID# (if applicable) \_\_\_\_\_

6. Date of Birth: (MM/DD/YY) \_\_\_\_\_ Place of Birth: City \_\_\_\_\_

7. Name of Affiant's Spouse (if applicable) \_\_\_\_\_

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

Beginning/Ending Dates (MM/YYYY) -		Address	
City	State/Province	Country	Postal Code
Beginning/Ending Dates (MM/YYYY) -		Address	
City	State/Province	Country	Postal Code
Beginning/Ending Dates (MM/YYYY) -		Address	
City	State/Province	Country	Postal Code
Beginning/Ending Dates (MM/YYYY) -		Address	
City	State/Province	Country	Postal Code
Beginning/Ending Dates (MM/YYYY) -		Address	
City	State/Province	Country	Postal Code

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ 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 \_\_\_\_\_ Country 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]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires