



**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**  
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER



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www.oci.ga.gov

**INSURANCE FINANCIAL  
OVERSIGHT**  
GID-280-RS JUL2015

**BIOGRAPHICAL AFFIDAVIT FOR CAPTIVE INSURANCE COMPANY**

**Full name of the Captive Insurance Company (existing or proposed) under which this Biographical Affidavit is being required:**

Name \_\_\_\_\_

**COMES NOW, the Affiant, who personally appeared before the undersigned officer duly authorized to administer oaths, and who, after first being duly sworn, deposes and states on oath the following in connection with the above-named Captive Insurer (attach additional pages if space provided is insufficient to fully answer any questions):**

1. **Affiant's Full Name** \_\_\_\_\_ **Maiden Name** (if applicable) \_\_\_\_\_

If you have ever used any other name, list the reason(s) and provide the full name(s) and date(s) used:

Dates(s) Used (MM/YY)	Name(s)	Reason(s)

2. **Social Security Number or Individual Tax Identification Number** \_\_\_\_\_

3. **Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

4. **Affiant's Contact Information:**

Current Home Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

List all Permanent Addresses for the past 10 years:

Address	City, State	Dates

5. **Are you a U.S. Citizen?**  Yes  No

If no, list country of citizenship \_\_\_\_\_

6. **Education and Training** (if Affiant attended a foreign school, provide full address and telephone number of the college/university and, if applicable, the foreign student identification number):

College/University/Other Institution	City/State	Dates Attended (YY-YY)	Degree(s)/Certification(s) Obtained

7. **Memberships in Professional Societies and Associations:**

Name of Society/Association	Address

8. **List Professional, Occupational, and Vocational licenses, certifications and/or designations you presently hold** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **Affiant's Present or Proposed Position with Captive Insurer** \_\_\_\_\_

10. **Affiant's Current Occupation (other than with the Captive Insurer):**

Employer \_\_\_\_\_

Position or Title \_\_\_\_\_

Period of Time with Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Number \_\_\_\_\_

\_\_\_\_\_

Business E-mail \_\_\_\_\_

\_\_\_\_\_

Can current employer be contacted?  Yes  No



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15. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” 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.

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16. Do, or will, you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, ten percent (10%) or more of the outstanding 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.

Yes  No

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

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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?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency?

Yes  No

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

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

d. Been charged with, or indicated for, any criminal offense(s)?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s)?

Yes  No

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)?

Yes  No

g. Been insolvent or impaired?

Yes  No

h. Been enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, disciplinary action from violating any federal or state law 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

i. Been, within the last ten (10) years, a party to or subject of any civil action or legal proceeding?

Yes  No

If the response to any of the above is yes, provide details. When responding to questions (b) through (e), affiant should also include any events within twelve (12) months after his or her departure from the entity. If an affiant has any doubt about the accuracy of an answer, the question should be answered in the affirmative and an explanation provided.

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**18. 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?

Yes  No

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

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

d. Been charged with, or indicated for, any criminal offense(s) other than minor traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than minor traffic offenses?

Yes  No

- 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 minor traffic offenses?  
 Yes  No
- g. Been subject to any federal bankruptcy proceedings, state insolvency, supervision, receivership, rehabilitation, liquidation, or conservatorship proceedings, or any other similar proceedings?  
 Yes  No
- h. 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
- i. Been, within the last ten (10) years, a party to or subject of any civil action or legal proceedings?  
 Yes  No
- j. 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
- k. 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 of the above is yes, provide details including dates, locations, dispositions, etc. Attach a copy of the complaint and the filed adjudication or settlement as appropriate.

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**CERTIFICATION**

**I do hereby certify and declare under penalty of perjury that I have carefully examined this document in its entirety, that I am acting on my own behalf and that all of my responses and any information, exhibits, and documentary evidence submitted in support thereof are true and correct to the best of my knowledge and belief.**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Affiant)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

<b><u>NOTARY</u></b>	State of _____ County of _____	( Seal)
	The foregoing instrument was Sworn to and Subscribed before me this _____ day of _____, _____ by _____: who is personally known to me, or who produced the following identification _____  _____ (Notary Public)                      _____ (My Commission Expires)	