



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-415-RS JUL2015

**BIOGRAPHICAL AFFIDAVIT WITH BACKGROUND
REPORTS FOR CAPTIVE MANAGER**

PLEASE NOTE: Captive Managers that are duly licensed by the Commissioner as Third Party Administrators in the State of Georgia are not required to complete this affidavit.

Full name of the Captive Management Firm under which this Biographical Affidavit is being required (if applicable):

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

www.oci.ga.gov	OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER	INSURANCE FINANCIAL OVERSIGHT
	BIOGRAPHICAL AFFIDAVIT WITH BACKGROUND REPORTS FOR CAPTIVE MANAGER	GID-415-RS JUL2015

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 Management Firm (if applicable) _____

www.oci.ga.gov	OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER	INSURANCE FINANCIAL OVERSIGHT
	BIOGRAPHICAL AFFIDAVIT WITH BACKGROUND REPORTS FOR CAPTIVE MANAGER	GID-415-RS JUL2015

12. Have you ever been licensed as an insurance agent, broker, solicitor, adjuster, or counselor in Georgia or any other state?

Yes No

If yes, provide details including dates, license numbers, and name of issuer of license _____

13. Have you ever been licensed to sell securities? Yes No

If yes, provide details including dates, license numbers, and name of issuer of license _____

14. Have you ever been in a position that required a fidelity bond? Yes No

If yes, and any claims were made on the bond, provide details _____

15. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, provide details _____

16. Have you ever been adjudicated as bankrupt? Yes No

If yes, provide details _____

17. 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.

www.oci.ga.gov	OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER	INSURANCE FINANCIAL OVERSIGHT
	BIOGRAPHICAL AFFIDAVIT WITH BACKGROUND REPORTS FOR CAPTIVE MANAGER	
		GID-415-RS JUL2015

18. 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.

19. 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

www.oci.ga.gov	OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER	INSURANCE FINANCIAL OVERSIGHT
	BIOGRAPHICAL AFFIDAVIT WITH BACKGROUND REPORTS FOR CAPTIVE MANAGER	
		GID-415-RS JUL2015

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 (f), 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.

20. 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

www.oci.ga.gov	OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER	INSURANCE FINANCIAL OVERSIGHT
	BIOGRAPHICAL AFFIDAVIT WITH BACKGROUND REPORTS FOR CAPTIVE MANAGER	GID-415-RS JUL2015

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: _____

<u>NOTARY</u>	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)	

