

Biographical Affidavits

COMMONWEALTH INSURANCE COMPANY OF AMERICA

ITEM 13

BIOGRAPHICAL AFFIDAVITS

TAB

John J. BatorA

Nicholas C. BentleyB

Nina L. CaroselliC

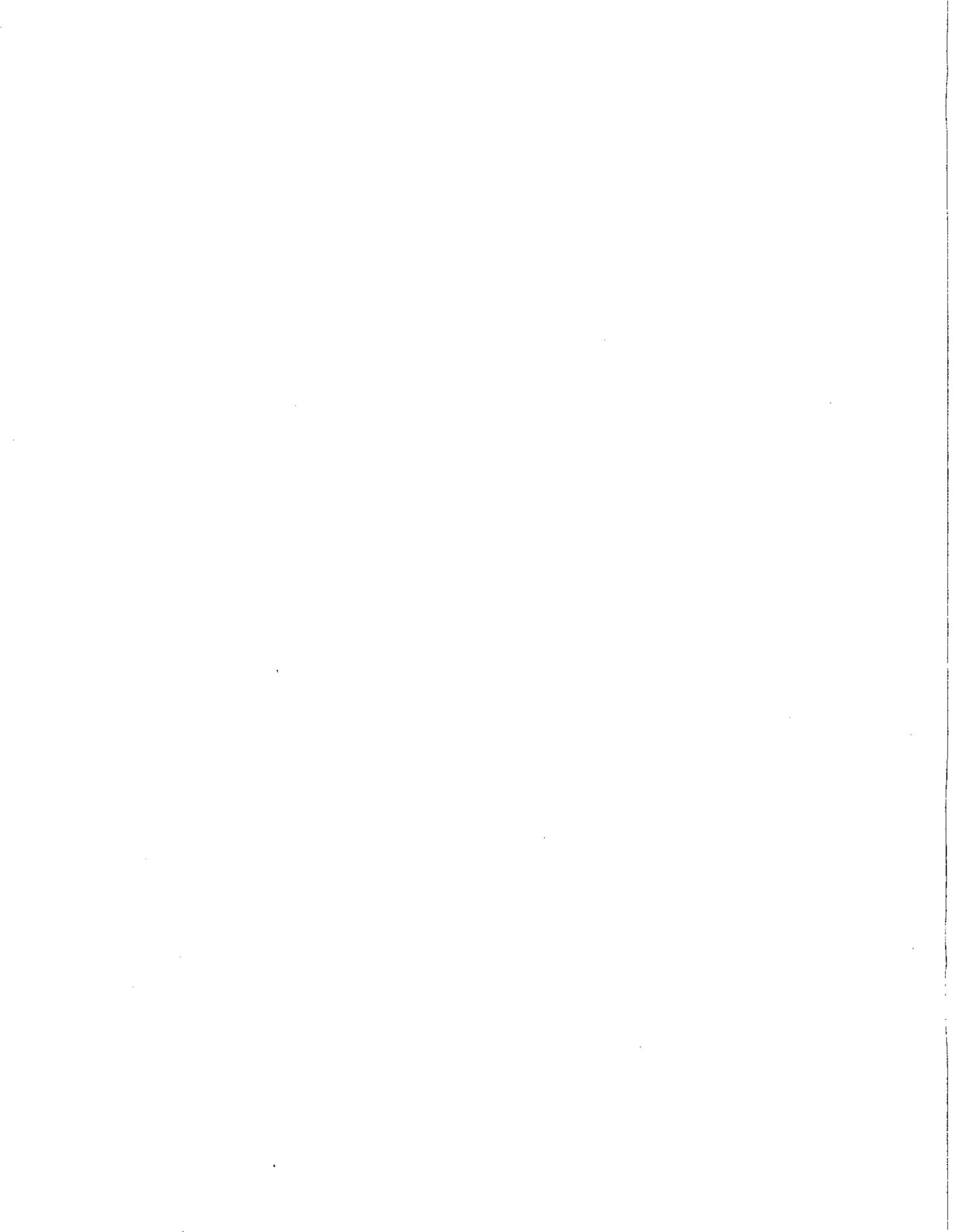
Frank J. DeMariaD

Henry W. EdmistonE

Richard J. FabianF

James K. KellyG

V. Prem WatsaH



Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

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).

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

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): First: John Middle: Joseph Last: Bator

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Chief Financial Officer / Treasurer

4. Affiant's business address: 250 Commercial Street, Suite 5000, Manchester, NH 03101

Business telephone: 603-656-2200 Business Email: john_bator@trg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Hartford</u>	<u>Connecticut</u>	<u>1982-1986</u>	<u>B.S.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
-------------------------	---------------------------	-------------------	-------------------------------	------------------------

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Wharton Business School</u>	<u>Pennsylvania</u>	<u>09/05-10/05</u>	<u>Advanced Management Program</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.

JP
NO results found
FT 9/8/2014
RIRS N/A

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the applicant entity: Director, CFO, SVP

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.

See Exhibit A (Employment History) and Exhibit B (Current and Prior Positions)

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

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: _____

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.

None

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): _____

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): _____

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:

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?

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

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 indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

- 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

- 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

- 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

- 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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. 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 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,

Revised 04/16/13

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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?

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)?

See Attached Exhibit C

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 **See Attached Exhibit C**

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

If the answer to any of the above is 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. _____

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 22nd day of May 2014 at Manchester, New Hampshire 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: New Hampshire County of: Hillsborough

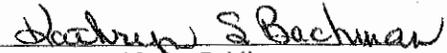
The foregoing instrument was acknowledged before me this 22 day of May, 2014 by John J. Bator, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13 2015



Notary Public
Kathryn S. Bachman

Printed Notary Name

January 13, 2015

My Commission Expires

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

7. Name of Affiant's Spouse (if applicable) : [REDACTED]

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
08/08-present	[REDACTED]	Bedford	NH	US	[REDACTED]
08/01-08/08	[REDACTED]	Hove		UK	[REDACTED]
07/99-08/01	[REDACTED]	Bedford	NH	US	[REDACTED]

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 22 day of May, 2014 at Manchester, New Hampshire. 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]
(Signature of Affiant)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22 day of May, 2014 by John J. Bator, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015

Kathryn S. Bachman
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Applicant Name (Company): Commonwealth Insurance Company of America NAIC No. 10220
FEIN: 91-1673617

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Commonwealth Insurance Company of America [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Sherryl Scott, Legal Dept., 803-656-2268 [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

John Joseph Bator, [redacted] Bedford, NH [redacted]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

5/22/14
(Date)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 23RD day of May, 2014 by John J. Bator, and:

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

[SEAL]
KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13 2015

[Signature]
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Exhibit A

John J. Bator

Employment History

Name and address of Employer	Dates of Employment	Positions Held	Supervisor/Contact
RiverStone Resources LLC 250 Commercial Street Suite 5000 Manchester, NH 03101	12/1999 to present	See Exhibit B Current and Prior Positions	Nicholas C. Bentley (603) 656-2350
International Insurance Company Chicago, Illinois then Manchester, NH	06/1995 to 12/1999	Vice President, Controller	Thomas Norsworthy
Price Waterhouse, LLP Hartford, CT	09/1986 to 06/1995	Senior Audit Manager	

Exhibit B

**John J. Bator
Current U.S. Positions**

Company	Position Held	Effective Date
The Resolution Group, Inc. Delaware domiciled holding company	Director	09/12/08
	CFO	09/12/08
	Senior Vice-President	09/12/08
	Treasurer	09/29/11
Resolution Reinsurance Services Corporation Delaware domiciled insurance services company	CFO	09/12/08
	Treasurer	09/29/11
	Senior Vice-President	09/12/08
TRG Holding Corporation Delaware domiciled holding company	CFO	09/12/08
	Treasurer	09/12/08
	Senior Vice President	09/12/08
St. John's Insurance Company Bermuda insurance company	Director	09/29/08
	CFO	09/29/08
	Treasurer	09/29/08
	Senior Vice President	09/29/08
RiverStone Group LLC Delaware domiciled holding company	CFO	09/12/08
	Treasurer	09/29/11
	Senior Vice President	03/16/09
RiverStone Resources LLC Delaware domiciled holding company	CFO	09/12/08
	Treasurer	09/29/11
	Senior Vice President	09/12/08
RiverStone Claims Management LLC Delaware domiciled claims management company	CFO.	09/12/08
	Treasurer	09/29/11
	Senior Vice President	09/12/08
TIG Insurance Company California domiciled insurer	Director	09/12/08
	CFO	09/12/08
	Treasurer	09/29/11
	Senior Vice President	09/12/08
General Fidelity Insurance Company South Carolina domiciled insurer	Director	08/17/10
	CFO	08/17/10
	Treasurer	09/29/11
	Senior Vice President	08/17/10
Clearwater Insurance Company Delaware domiciled insurer	Director	07/11/11
	CFO	11/26/12
	Treasurer	11/26/12
	Senior Vice-President	05/24/11
Valiant Insurance Company Delaware domiciled insurer	Director	07/01/11
	CFO	07/01/11
	Treasurer	09/29/11
	Senior Vice-President	07/01/11
Valiant Specialty Insurance Company Delaware domiciled insurer	Director	07/01/11
	CFO	07/01/11
	Treasurer	09/29/11
	Senior Vice-President	07/01/11

Valiant Insurance Group LLC Delaware domiciled holding company	Director CFO Treasurer Senior Vice-President	07/01/11 07/01/11 09/29/11 07/01/11
Investment and Administrative Services Company Delaware domiciled service company	Director CFO Treasurer Senior Vice-President	07/01/11 07/01/11 09/29/11 07/01/11
TIG Holdings 1, Inc. Delaware domiciled holding company	Director CFO Treasurer	09/12/08 09/12/08 09/12/08
TIG Holdings 2, Inc. Delaware domiciled holding company	Director CFO Treasurer	09/12/08 09/12/08 09/12/08
TIG Holdings 4, Inc. Delaware domiciled holding company	Director CFO Treasurer	09/12/08 09/12/08 09/12/08
Fairmont Specialty Group, Inc. Delaware domiciled holding company	Director CFO Treasurer Senior Vice President	09/12/08 09/12/08 09/12/08 09/12/08
Fairmont Premier Insurance Company California domiciled insurer	Director CFO Treasurer Senior Vice President	09/12/08 09/12/08 09/29/11 09/12/08
Fairmont Insurance Company California domiciled insurer	Director CFO Treasurer Senior Vice-President	09/12/08 09/12/08 09/29/11 09/12/08
Fairmont Specialty Insurance Company California domiciled insurer	Director CFO Treasurer Senior Vice-President	09/12/08 09/12/08 09/29/11 09/12/08
American Safety Administrative Services, Inc. Georgia domiciled corporation	CFO Senior Vice President	10/03/2013 10/03/2013
American Safety Assurance, Ltd. Georgia domiciled corporation	Chairman Director	10/03/2013 10/03/2013
American Safety Casualty Insurance Company Oklahoma domiciled insurer	Director CFO Treasurer Senior Vice President	10/03/2013 10/03/2013 04/03/2014 10/03/2013
American Safety Claims Services, Inc. Georgia domiciled corporation	Director CFO Senior Vice President	10/03/2013 10/03/2013 10/03/2013
American Safety Holdings Corp. Georgia holding company	Director CFO Senior Vice President Treasurer	10/03/2013 10/03/2013 10/03/2013 04/03/2014
American Safety Holdings II Corporation Delaware domiciled corporation	Director CFO Senior Vice President Treasurer	10/03/2013 10/03/2013 10/03/2013 04/03/2014

American Safety Indemnity Company Oklahoma domiciled insurer	Director CFO Senior Vice President Treasurer	10/03/2013 10/03/2013 10/03/2013 04/03/2014
American Safety Insurance Holdings, Ltd. Bermuda domiciled corporation	Chairman Director	10/03/2013 10/03/2013
American Safety Insurance Services, Inc. Georgia domiciled corporation	Director CFO Senior Vice President	10/03/2013 10/03/2013 10/03/2013
American Safety Purchasing Group, Inc. Georgia domiciled corporation	Director CFO Senior Vice President	10/03/2013 10/03/2013 10/03/2013
American Safety Reinsurance, Ltd. Georgia domiciled corporation	Director Vice President	10/03/2013 10/04/2013
Commonwealth Insurance Company of America Washington domiciled insurer	Director CFO Senior Vice President	07/24/2013 02/04/2014 02/04/2014
Bluestone Agency, Inc. Arizona insurance agency	Director CFO Senior Vice President Treasurer	10/03/2013 10/03/2013 10/03/2013 04/03/2014
Bluestone Surety, Ltd. Cayman Islands company	Director	05/01/2014
TIG Insurance (Barbados) Limited	Director	03/27/2013
TIG Bermuda Ltd.	Chairman Director President	09/05/2008 09/05/2008 09/05/2008

Current U.K. Directorships

Company	Position Held	Effective Date
RiverStone France SA	Shareholder	2002
RiverStone Holdings Limited	Director	2002
RiverStone Insurance Limited	Director	October 2012

Previous U.K. Directorships

Company	Position Held	Effective Date
RiverStone Stockholm Management AB (alternate to NCB)	Director	dissolved 06/01/2005
ORG Re (UK) Limited	Director	dissolved 10/05/2006
RiverStone Insurance (UK) Limited	Director	2002 to 01/10/2008
RiverStone Management Limited	Director	2002 to 01/10/2008
RiverStone Managing Agency Limited	Director	2003 to 01/10/2008
Sphere Drake Acquisitions (UK) Limited	Director	2002 to 01/10/2008
RiverStone Corporate Capital Limited	Director	2002 to 01/10/2008
Sphere Drake Insurance Limited	Director	2002 to 01/10/2008
Sphere Drake Leasing Limited	Director	2002 to 01/10/2008
LUC Holdings	Director	2006 to 01/10/2008
International Network Holdings	Member of supervisory panel	2006 to 04/29/2009
Terra Nova SAS	President	2005 to 05/19/2009
INSA Insurance Corp (publ)	Deputy Director	2006 to 05/26/2010

Previous U.S. Positions

Company	Position Held	Effective Date
Envision Claims Management Corporation New Jersey domiciled claims management company	Director CFO Treasurer Senior Vice-President	09/12/2008 to 10/19/2009 dissolved 09/12/2008 to 10/19/2009 dissolved 09/12/2008 to 10/19/2009 dissolved 09/12/2008 to 10/19/2009 dissolved
Fairmont Specialty Insurance Finance Company Texas premium finance company	Director CFO Senior Vice-President	09/12/2008 to 12/28/2009 dissolved 09/12/2008 to 12/28/2009 dissolved 09/12/2008 to 12/28/2009 dissolved
Guild Insurance Agency, Inc. Ohio domiciled insurance company	Director CFO Senior Vice-President	09/12/2008 to 12/13/2010 dissolved 09/12/2008 to 12/13/2010 dissolved 09/12/2008 to 12/13/2010 dissolved
Guild Underwriters Napa, Inc. Delaware domiciled holding company	Director CFO Treasurer Senior Vice-President	09/12/2008 to 01/23/2013 dissolved 09/12/2008 to 01/23/2013 dissolved 09/29/2011 to 01/23/2013 dissolved 09/12/2008 to 01/23/2013 dissolved
Old Lyme Insurance Company of Rhode Island Rhode Island domiciled insurance company	Director Treasurer Senior Vice President	09/12/2008 to 12/28/2009 merger 09/12/2008 to 12/28/2009 merger 09/12/2008 to 12/28/2009 merger
Ranger Insurance Services, Inc. Texas domiciled insurance company	Director CFO Senior Vice President	09/12/2008 to 12/10/2010 dissolved 09/12/2008 to 12/10/2010 dissolved 09/12/2008 to 12/10/2010 dissolved
RiverStone Reinsurance Services LLC Delaware domiciled reinsurance collections company	CFO Treasurer Senior Vice President	09/12/2008 to 12/07/2012 merger 09/29/2011 to 12/07/2012 merger 09/12/2008 to 12/07/2012 merger
TIG Indemnity Company California domiciled insurer	Director CFO Senior Vice-President	09/12/2008 to 07/01/2010 sold 09/12/2008 to 07/01/2010 sold 09/12/2008 to 07/01/2010 sold
TIG Insurance Group, Inc.	CFO Senior Vice President	09/12/2008 to 12/29/2010 transferred 09/12/2008 to 12/29/2010 transferred
TIG Holdings, Inc. Delaware domiciled corporation	CFO Treasurer Vice President	09/12/2008 to 12/29/2010 09/12/2008 to 12/29/2010 09/12/2008 to 12/29/2010
American Safety Financial Corp. Georgia domiciled corporation	Director CFO Senior Vice President	10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved
Sureco Bond Services, Inc. Georgia domiciled corporation	Director CFO Senior Vice President	10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved

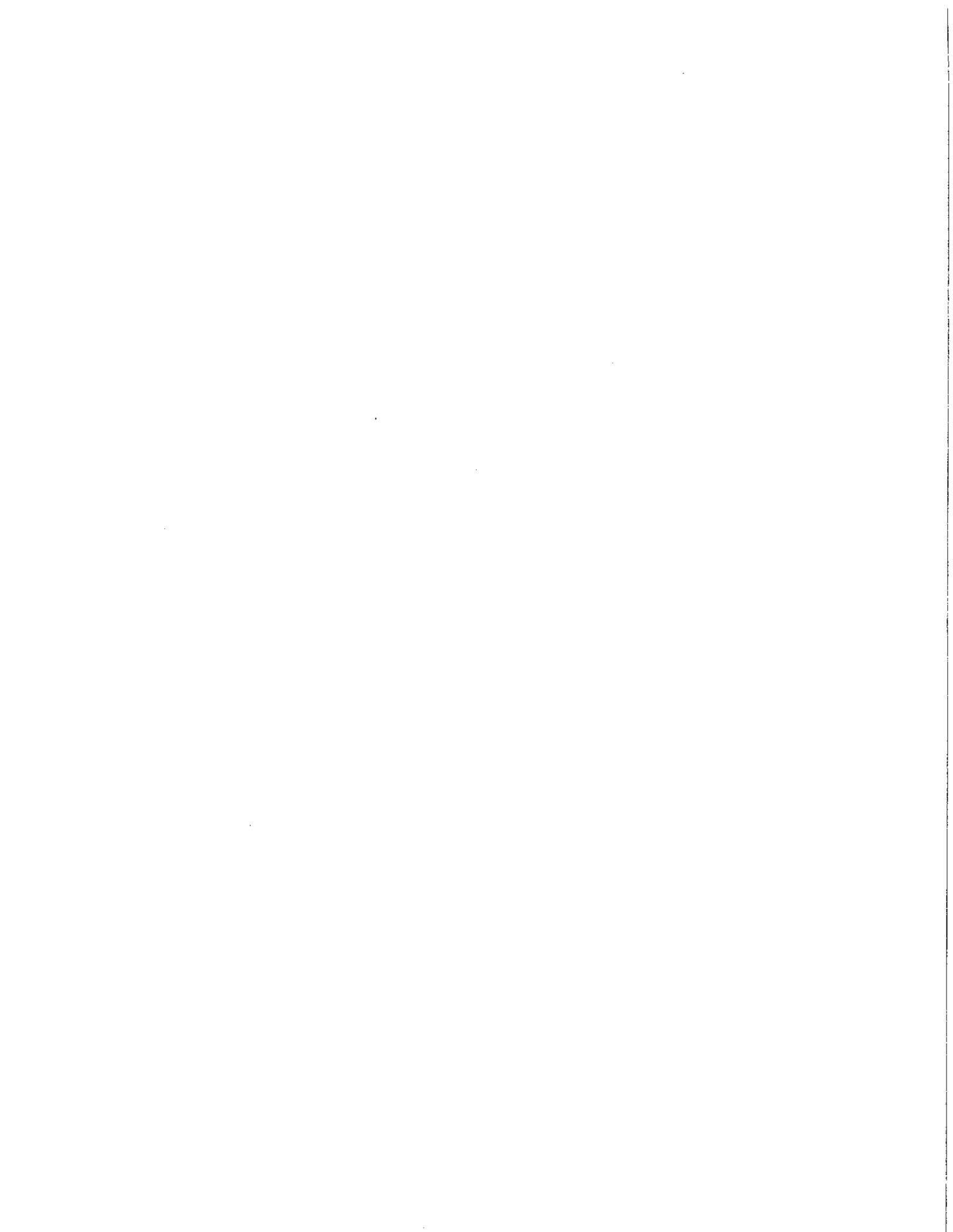
Exhibit C

John J. Bator

Question 15

I understand that the TIG companies, the Fairmont companies and General Fidelity have, on isolated occasions, been assessed regulatory or administrative fines relating to missing deadlines or other "course of business" matters. I am unaware of the specifics regarding these matters and am unaware of any allegation that any such fine resulted from intentionally improper conduct.

Further, I also formerly served as an officer of Ranger Insurance Services, Inc., Guild Insurance Agency, Inc. and Fairmont Specialty Insurance Finance Co. (all now dissolved). Ranger Insurance Services, Inc., Guild Insurance Agency, Inc. and Fairmont Specialty Insurance Finance Co. determined that they would no longer engage in business and, as a result, allowed their licenses to lapse in several states, in some cases resulting in the suspension, cancellation or revocation of those licenses.



Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

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).

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

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): First: Nicholas Middle: Craig Last: Bentley

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Britain

3. Affiant's occupation or profession: Insurance Executive

4. Affiant's business address: 250 Commercial Street, Suite 5000, Manchester, NH 03101

Business telephone: 603-656-2200 Business Email: nicholas_bentley@trg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Toynbee Hall</u>	<u>U.K.</u>		<u>BTEC</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification 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.

NO results found
FT 9/8/2014
RIRS N/A

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

None

7. Present or proposed position with the applicant entity: Director, CEO, President

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.

See Exhibit A (Employment History) and Exhibit B (Current and Prior Positions)

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

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: N/A

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: N/A

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.

None

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): _____

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): _____

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:

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?

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

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 indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

- 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

- 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

- 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

- 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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. 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 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,

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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?

- 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)?

See Attached Exhibit C

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 **See Attached Exhibit C**

Applicant Name (Company): See Page One

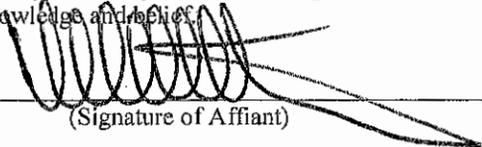
NAIC No. See Page One

FEIN: See Page One

If the answer to any of the above is 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. _____

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 23RD day of May 2014 at Manchester, New Hampshire 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)

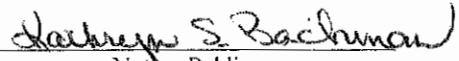
State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 23 day of May, 2014 by Nicholas C. Bentley and:

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

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015



Notary Public
Kathryn S. Bachman

Printed Notary Name
January 13, 2015

My Commission Expires

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

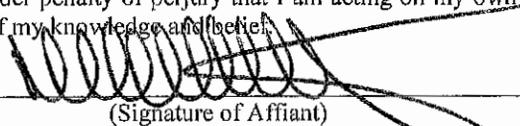
7. Name of Affiant's Spouse (if applicable) : [REDACTED]

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
July 2013	[REDACTED]	Exeter	NH	USA	[REDACTED]
2010 to 2013	[REDACTED]	Exeter	NH	USA	[REDACTED]
2005 to 2010	[REDACTED]	Brighton		England	[REDACTED]
2001-2005	[REDACTED]	Brighton		England	[REDACTED]

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 23 day of May, 2014 at Manchester, New Hampshire. 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: New Hampshire County of: Hillsborough

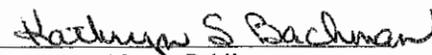
The foregoing instrument was acknowledged before me this 23 day of May, 2014 by Nicholas C. Bentley and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13 2015


Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Applicant Name (Company): Commonwealth Insurance Company of America NAIC No. 10220
FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Commonwealth Insurance Company of America [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Sherryl Scott, Legal Dept., 603-656-2268 [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Nicholas Craig Bentley, [redacted] Exeter, NH [redacted]
(Printed Full Name and Residence Address)
[Signature] (Signature) 5/23/14 (Date)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 23rd day of May, 2014 by Nicholas C. Bentley, and:

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

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015

Kathryn S Bachman
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Exhibit A

Employment History

Nicholas C. Bentley

Names & addresses of employers	Dates (month and year)	Position Held	Summary of Responsibilities	Reason for leaving
RiverStone Resources LLC 250 Commercial Street Suite 5000 Manchester, NH 03101	June 1998 to Present	Managing Director Operations Director	Overall responsibilities for the activities of the company Technical services and claims teams	Not Applicable
Lloyd's Claims Office	1996 to May, 1998	Head of Reinsurance	Responsible for all reinsurance claims representing Lloyds Syndicates	Career advancement
Alwen Hough Johnson Ltd	1988 – 1996	Executive Director	Responsible for Management Services – all non-brokering activities	Career advancement
Hogg Robinson & Gardner Mountain	1983 - 1988	Director	Reinsurance services	Career advancement
Alexander Howden Reinsurance Brokers	1979 – 1983	Broker Support Technician Wordings Technician Proportional / Non-Proportional Accounts & Claims Supervisor	Preparation of documentation for contract negotiations and final contract documents	Career advancement

Exhibit B

**Nicholas C. Bentley
Current U.S. Positions**

Company	Position Held	Effective Date
The Resolution Group, Inc. Delaware domiciled holding company	Director President CEO	08/28/2008 08/28/2008 08/28/2008
Resolution Reinsurance Services Corp. Delaware domiciled insurance services company	Director Chairman President CEO	08/28/2008 08/28/2008 08/28/2008 08/28/2008
TRG Holding Corporation Delaware domiciled holding company	Director Chairman President CEO	05/27/2009 06/01/2009 06/01/2009 06/01/2009
St. John's Insurance Company Limited Bermuda insurance company	Director Chairman President	09/29/2008 09/29/2009 09/29/2009
RiverStone Group LLC Delaware domiciled holding company	President CEO Manager	09/05/2008 09/05/2008 03/16/2009
RiverStone Resources LLC Delaware domiciled holding company	President CEO Manager	08/19/2009 09/05/2008 03/16/2009
RiverStone Claims Management LLC Delaware domiciled claims management company	President CEO Manager	09/05/2008 09/05/2008 10/20/2010
TIG Insurance Company California domiciled insurer	Director Chairman President CEO	08/28/2008 08/28/2008 08/28/2008 08/28/2008
General Fidelity Insurance Company South Carolina domiciled insurer	Director Chairman President CEO	08/17/2010 08/17/2010 08/17/2010 08/17/2010
Clearwater Insurance Company Delaware domiciled insurer	Director Chairman President CEO	07/11/2011 07/11/2011 11/26/2012 06/01/2012
Valiant Insurance Company Delaware domiciled insurer	Director Chairman President CEO	07/01/2011 07/01/2011 07/01/2011 07/01/2011
Valiant Specialty Insurance Company Delaware domiciled insurer	Director Chairman President CEO	07/01/2011 07/01/2011 07/01/2011 07/01/2011

Valiant Insurance Group LLC Delaware domiciled holding company	Director CEO President	07/01/2011 07/01/2011 07/01/2011
Investment and Administrative Services Company Delaware domiciled company	Director CEO President	07/01/2011 07/01/2011 07/01/2011
TIG Holdings 1, Inc. Delaware domiciled holding company	Director CEO President	09/05/2008 09/05/2008 09/0520/08
TIG Holdings 2, Inc. Delaware domiciled holding company	Director CEO President	09/05/2008 09/05/2008 09/05/2808
TIG Holdings 4, Inc. Delaware domiciled holding company	Director CEO President	09/05/2008 09/05/2008 09/05/2008
TIG (Bermuda) Ltd.	Director Chairman President	09/05/2008 09/05/2008 09/05/2008
TIG Insurance (Barbados) Limited	Director	04/21/2014
Fairmont Specialty Group, Inc. Delaware domiciled holding company	Director Chairman President CEO	09/05/2008 09/05/2008 09/05/2008 09/05/2008
Fairmont Premier Insurance Company California domiciled insurer	Director Chairman President CEO	09/05/2008 09/05/2008 09/05/2008 09/05/2008
Fairmont Insurance Company California domiciled insurer	Director Chairman President CEO	09/05/2008 09/05/2008 09/05/2008 09/05/2008
Fairmont Specialty Insurance Company California domiciled insurer	Director President CEO	09/05/2008 09/05/2008 09/05/2008
Commonwealth Insurance Company of America Washington domiciled insurer	Chairman Director CEO President	02/04/2014 07/24/2013 02/04/2014 02/04/2014
American Safety Administrative Services, Inc. Georgia domiciled corporation	Director CEO President	10/03/2013 10/03/2013 10/03/2013
American Safety Casualty Insurance Company Oklahoma domiciled insurer	Chairman Director CEO President	10/03/2013 10/03/2013 10/03/2013 10/03/2013
American Safety Claims Services, Inc. Georgia domiciled corporation	Director CEO President	10/03/2013 10/03/2013 10/03/2013
American Safety Holdings Corp. Georgia domiciled corporation	Director CEO President	10/03/2013 10/03/2013 10/03/2013

American Safety Holdings II Corporation Delaware domiciled corporation	Director CEO President	10/03/2013 10/03/2013 10/03/2013
American Safety Indemnity Company Oklahoma domiciled insurer	Director Chairman President CEO	10/03/2013 10/03/2013 10/03/2013 10/03/2013
American Safety Insurance Holdings, Ltd. Bermuda domiciled corporation	CEO President	10/03/2013 10/03/2013
American Safety Insurance Services, Inc. Georgia domiciled corporation	Director CEO President	10/03/2013 10/03/2013 10/03/2013
American Safety Purchasing Group, Inc. Georgia domiciled corporation	Director CEO President	10/03/2013 10/03/2013 10/03/2013
American Safety Reinsurance, Ltd. Georgia domiciled corporation	CEO President	10/04/2013 10/04/2013
Bluestone Agency, Inc. Arizona insurance agency	Director CEO President	10/03/2013 10/03/2013 10/03/2013

Nicholas C. Bentley
Current U.K. Directorships

Company	Position Held	Effective Date
RiverStone France SA	Director	11/25/2008
RiverStone Holdings Limited	Director	11/25/2008
RiverStone Insurance (UK) Limited	Director	11/25/2008
RiverStone Insurance Limited	Director	October 2012
RiverStone Management Limited	Director	11/25/2008
RiverStone Managing Agency Ltd.	Director	11/25/2008
Sphere Drake Acquisitions (UK) Limited	Director	11/25/2008
RiverStone Corporate Capital Limited	Director	11/25/2008
Sphere Drake Leasing Limited	Director	11/25/2008
nSpire Re Limited	Director	11/25/2008
RiverStone Corporate Capital 2 Limited	Director	10/01/2010

Previous U.K. Directorships

Company	Position Held	Effective Date
RiverStone (Stockholm) Insurance Corporation (publ)	Director	12/21/2005
Sphere Drake Nominees Limited (struck-off)	Director	02/15/2005
Sphere Drake (Bermuda) Limited	Director	12/12/2003 dissolved
Sphere Drake (Bermuda) Management Limited	Director	11/24/2003 dissolved
Sphere Drake (Bermuda) Holding Limited	Director	04/14/2003 dissolved
Sphere Drake Insurance Limited	Director	January 2013 dissolved
Terra Nova SAS	Director	11/25/2008 – 02/03/2011
Compagnie Transcontinentale de Reassurance Holdings	Director	11/25/2008 – 09/27/2011
FLP Nominees plc	Director	08/02/2002 dissolved
JDM Nominees plc	Director	08/02/2002 dissolved
A.H.J.F.S. Ltd	Director	06/30/1996
A.H.J. Management Services Ltd	Director	06/30/1996
Alwen Hough Johnson Ltd	Director	06/30/1996
Latham House Software Services Ltd	Director	06/30/1996
ORG Re (UK) Limited	Director	10/05/2006
RiverStone Stockholm Management AB	Director	06/01/2005 dissolved
Lindsey Morden Acquisitions	Director	05/01/2009
AHJ Pension Fund Trustees Limited	Director	06/19/1996
AHJ (Accident and Health) Limited	Director	10/09/1996
INSA Insurance Corp (publ)	Director	05/26/2010
A.H.J. Management Services Ltd	Director	06/30/1996

Nicholas C. Bentley
Previous U.S. Positions

Company	Position Held	Effective Date
Clearwater Insurance Company	Senior Vice President	05/24/2011 to 11/26/2012
Envision Claims Management Corporation New Jersey domiciled claims management company	Director Chairman President CEO	08/28/2008 to 10/19/2009 dissolved 08/28/2008 to 10/19/2009 dissolved 08/28/2008 to 10/19/2009 dissolved 08/28/2008 to 10/19/2009 dissolved
Fairmont Specialty Insurance Finance Company Texas premium finance company	Director President CEO	09/05/2008 to 12/28/2009 dissolved 09/05/2008 to 12/28/2009 dissolved 09/05/2008 to 12/28/2009 dissolved
Guild Insurance Agency, Inc. Ohio domiciled insurance company	Director CEO President	09/12/2008 to 12/13/2010 dissolved 09/12/2008 to 12/13/2010 dissolved 09/12/2008 to 12/13/2010 dissolved
Guild Underwriters Napa, Inc. Delaware domiciled holding company	Director CEO President	09/12/2008 to 01/23/2013 dissolved 09/12/2008 to 01/23/2013 dissolved 09/12/2008 to 01/23/2013 dissolved
Old Lyme Insurance Company of Rhode Island, Inc. Rhode Island domiciled insurer	Director Chairman CEO	09/05/2008 to 12/28/2009 merged 09/05/2008 to 12/28/2009 merged 09/05/2008 to 12/28/2009 merged
Ranger Insurance Services, Inc. Texas domiciled company	Director CEO President	09/12/2008 to 12/10/2010 dissolved 09/12/2008 to 12/10/2010 dissolved 09/12/2008 to 12/10/2010 dissolved
RiverStone Reinsurance Services LLC Delaware domiciled reinsurance collections company	CEO President	09/05/2008 to 12/07/2012 merged 09/05/2008 to 12/07/2012 merged
TIG Indemnity Company California domiciled insurer	Director President CEO	09/05/2008 to 07/01/2010 sold 09/05/2008 to 07/01/2010 sold 09/05/2008 to 07/01/2010 sold
TIG Insurance Group, Inc. Delaware domiciled holding company	Director CEO	03/16/2009 to 12/29/2010 transferred 09/05/2008 to 12/29/2010 transferred
TIG Holdings, Inc. Delaware domiciled holding company	Director	03/16/2009 to 12/29/2010 transferred
TRG Holding Corporation Delaware domiciled holding company	Senior Vice President	09/05/2008 to 06/01/1999
American Safety Financial Corp. Georgia domiciled corporation	Director President CEO	10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved
Sureco Bond Services, Inc. Georgia domiciled corporation	Director President CEO	10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved

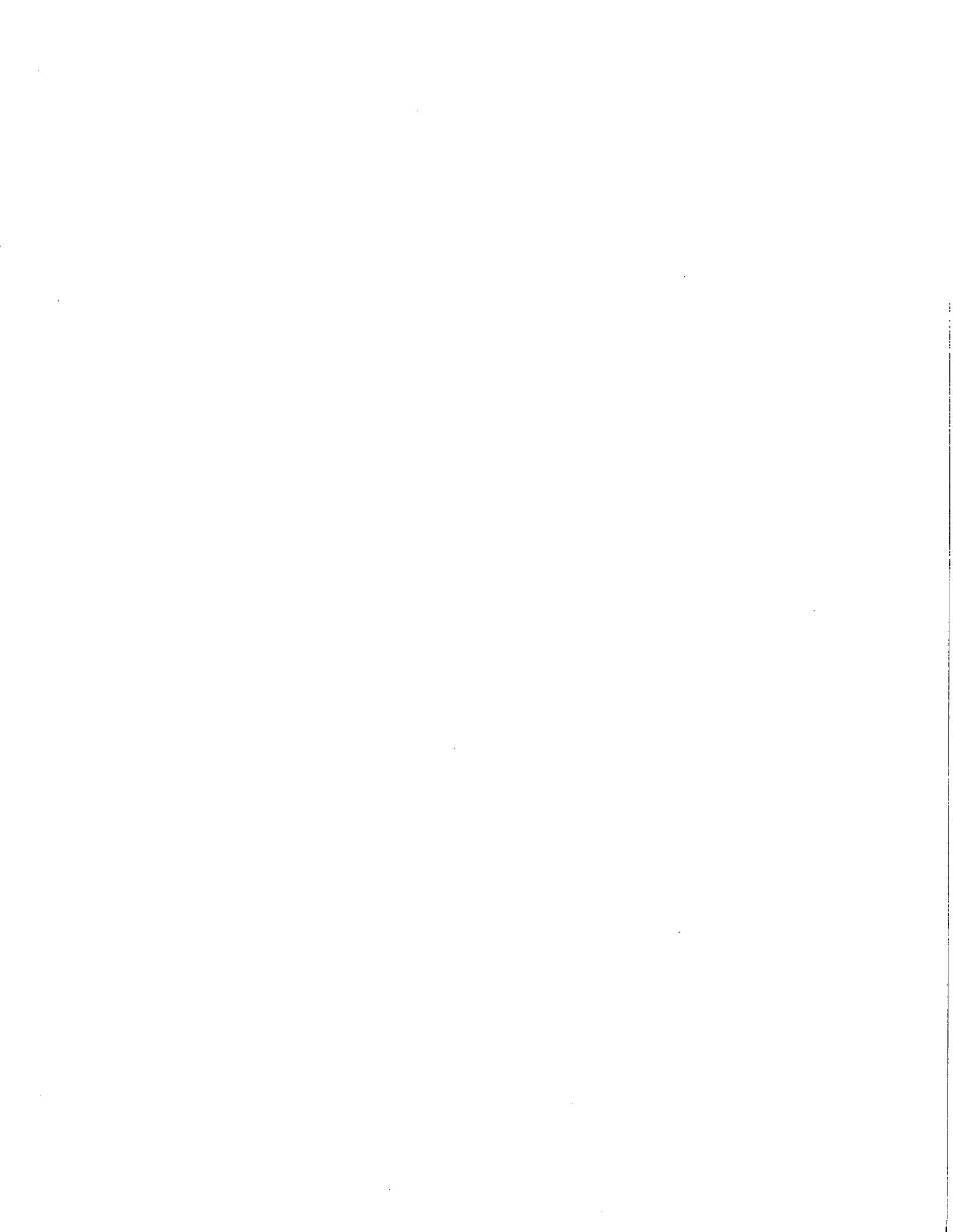
Exhibit C

Nicholas C. Bentley

Question 15

I understand that the TIG companies, the Fairmont companies and General Fidelity have, on isolated occasions, been assessed regulatory or administrative fines relating to missing deadlines or other "course of business" matters. I am unaware of the specifics regarding these matters and am unaware of any allegation that any such fine resulted from intentionally improper conduct.

Further, I also formerly served as an officer of Ranger Insurance Services, Inc., Guild Insurance Agency, Inc. and Fairmont Specialty Insurance Finance Co. (all now dissolved). Ranger Insurance Services, Inc., Guild Insurance Agency, Inc. and Fairmont Specialty Insurance Finance Co. determined that they would no longer engage in business and, as a result, allowed their licenses to lapse in several states, in some cases resulting in the suspension, cancellation or revocation of those licenses.



Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

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).

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

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): First: Nina Middle: Lynn Last: Caroselli

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Senior Executive

4. Affiant's business address: 250 Commercial Street, Suite 5000, Manchester, NH 03101

Business telephone: 603-656-2476 Business Email: nina_caroselli@trg.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>SUNY Stony Brook</u>	<u>Long Island, NY</u>	<u>1979-1983</u>	<u>BA</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>St. John's University School of Law</u>	<u>Queens, NY</u>	<u>1983-1986</u>	<u>JD</u>	

Other Training: Name	City/State	Dates Attended (MM/YY)	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.

Results found

FI 9/18/2014

RIRS N/A

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

DRI

7. Present or proposed position with the applicant entity: Director and Senior Vice President

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.

See Exhibit A (Employment History) and Exhibit B (Current and Prior Positions)

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

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: N/A

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: N/A

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: State of New York Address: _____

City: _____ State/Province: New York Country: _____ Postal Code: _____

License Type: Law License License #: _____ Date Issued (MM/YY): 1986

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: State of New Jersey Address: _____

City: _____ State/Province: New Jersey Country: _____ Postal Code: _____

License Type: Law License License #: _____ Date Issued (MM/YY): 1987

Date Expired (MM/YY): N/A Reason for Termination: N/A

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:

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?

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

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 indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

- 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

- 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

- 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

- 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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. 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 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,

Revised 04/16/13

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt??

Yes No

If yes, provide details: N/A

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?

- 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)?

See Attached Exhibit C

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 **See Attached Exhibit C**

Applicant Name (Company): See Page One

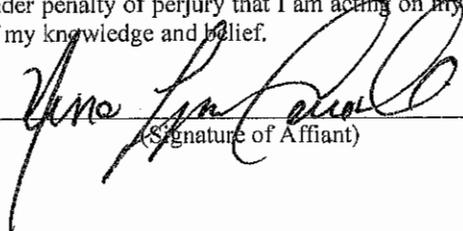
NAIC No. See Page One

FEIN: See Page One

If the answer to any of the above is 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. _____

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 22nd day of May 2014 at Manchester, New Hampshire 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)

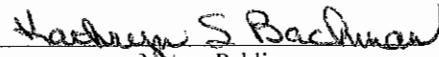
State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22 day of May, 2014 by Nina Lynn Caroselli, and:

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

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015



Notary Public
Kathryn S. Bachman

Printed Notary Name
January 13, 2015

My Commission Expires

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

1. Affiant's Full Name (Initials Not Acceptable): First: Nina Middle: Lynn Last: Caroselli
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, 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.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

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: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable):

6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: [REDACTED]
State/Province: [REDACTED] Country: United States

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

7. Name of Affiant's Spouse (if applicable) : [REDACTED]

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
07/2001 to present	[REDACTED]	Bedford	NH	US	[REDACTED]
08/1999-07/2001	[REDACTED]	Manchester	NH	US	[REDACTED]

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 22nd day of May, 2014 at Manchester, New Hampshire. 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]
(Signature of Affiant)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22 day of May, 2014 by Nina Lynn Caroselli and:

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

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015

[Signature]
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220

FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Commonwealth Insurance Company of America [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Sherryl Scott, Legal Dept., 603-656-2268 [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Nina Lynn Caroselli, [redacted] Bedford, NH [redacted]

(Printed Full Name and Residence Address)

Nina Lynn Caroselli
(Signature)

5/22/14
(Date)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22ND day of May, 2014 by Nina Lynn Caroselli, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

KATHRYN S. BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13 2015

Kathryn S. Bachman
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Exhibit A

**Nina Lynn Caroselli
Employment History**

Name and address of Employer	Dates of Employment	Positions Held	Supervisor/Contact
RiverStone Resources LLC 250 Commercial Street Suite 5000 Manchester, NH 03101	August 1999 to present	See Exhibit B Current and Prior Positions	Nicholas Bentley (603) 656-2350 Charles G. Ehrlich (603) 656-2456
Envision Claims Management Corporation 305 Madison Avenue Morristown, NH	1996 to 1999	Senior Attorney	Patricia Noll
Morgan, Melhuish, Monaghan 651 W. Mt. Pleasant Avenue Livingston, NJ	1986 to 1996	Attorney	Henry Morgen

Exhibit B**Nina Lynn Caroselli****Current Positions**

Company	Position Held	Effective Date
RiverStone Resources LLC Delaware domiciled holding company	Senior Vice President	06/30/2009
RiverStone Claims Management LLC Delaware domiciled claims management company	Senior Vice President	06/30/2009
Clearwater Insurance Company Delaware domiciled insurer	Director Senior Vice President	07/11/2011 05/24/2011
TIG Insurance Company California domiciled insurer	Director Senior Vice President	04/19/2013 06/30/2009
General Fidelity Insurance Company South Carolina domiciled insurer	Director Senior Vice President	08/17/2010 08/17/2010
Fairmont Premier Insurance Company California domiciled insurer	Director Senior Vice President	04/19/2013 06/30/2009
Fairmont Insurance Company California domiciled insurer	Director Senior Vice President	04/19/2013 06/30/2009
Fairmont Specialty Insurance Company California domiciled insurer	Director Senior Vice President	04/19/2013 06/30/2009
Valiant Insurance Company Delaware domiciled insurer	Director Senior Vice President	04/19/2013 07/01/2011
Valiant Specialty Insurance Company Delaware domiciled insurer	Director Senior Vice President	04/19/2013 07/01/2011
American Safety Administrative Services, Inc. Georgia domiciled corporation	Senior Vice-President	10/03/2013
American Safety Casualty Insurance Company Oklahoma domiciled insurer	Director Senior Vice-President	10/03/2013 10/03/2013
American Safety Claims Services, Inc. Georgia domiciled corporation	Senior Vice-President	10/03/2013
American Safety Holdings Corp. Delaware domiciled corporation	Senior Vice-President	10/03/2013
American Safety Holdings II Corporation Delaware domiciled corporation	Senior Vice-President	10/03/2013
American Safety Indemnity Company Oklahoma domiciled insurer	Director Senior Vice-President	10/03/2013 10/03/2013
American Safety Insurance Services, Inc. Georgia domiciled corporation	Senior Vice-President	10/03/2013
American Safety Purchasing Group, Inc. Georgia domiciled corporation	Senior Vice-President	10/03/2013
Bluestone Agency, Inc. Arizona insurance agency	Senior Vice-President	10/03/2013
Commonwealth Insurance Company of America Washington domiciled insurer	Director Senior Vice-President	02/04/2014 02/04/2014

Nina Lynn Caroselli

Prior Positions

Company	Position Held	Effective Date
RiverStone Reinsurance Services LLC Delaware domiciled reinsurance collections company	Senior Vice President	06/30/2009 to 12/07/2012 merged
RiverStone Claims Management LLC Delaware domiciled claims management company	Vice President (promoted to Senior Vice President)	08/24/2001 to 06/30/2009
TIG Insurance Company California domiciled insurer	Vice President (promoted to Senior Vice President)	03/24/2003 to 06/30/2009
American Safety Financial Corp. Georgia domiciled corporation	Senior Vice President	10/03/2013 to 10/10/2013 dissolved
Sureco Bond Services, Inc. Georgia domiciled corporation	Senior Vice President	10/03/2013 to 10/10/2013 dissolved

Exhibit C

Nina Lynn Caroselli

Question 15

I understand that the TIG companies, the Fairmont companies and General Fidelity have, on isolated occasions, been assessed regulatory or administrative fines relating to missing deadlines or other "course of business" matters. I am unaware of the specifics regarding these matters and am unaware of any allegation that any such fine resulted from intentionally improper conduct.

Further, I also formerly served as an officer of Ranger Insurance Services, Inc. (now dissolved). Ranger Insurance Services, Inc. determined that it would no longer engage in business and, as a result, allowed the licenses to lapse in several states, in some cases resulting in the suspension, cancellation or revocation of those licenses.



Applicant Name (Company): Commonwealth Insurance Company
of America

NAIC No. 10220
FEIN: 91-1673817

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): _____

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

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): First: Frank Middle: Joseph Last: DeMaria

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: insurance professional

4. Affiant's business address: 250 Commercial Street, Suite 5000, Manchester, NH 03101

Business telephone: 603-656-2530 Business Email: frank_demaria@trg.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Northeastern Illinois University,	Chicago, IL	1977 - 1981	BA Accounting/Mngt

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
------------------	--------------------	------------	------------------------	-----------------

Other Training: Name	City/State	Dates Attended (MM/YY)	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.

[Signature]
No results found
FT 9/8/2014
RIRS N/A

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

None

7. Present or proposed position with the applicant entity: Senior Vice President

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.

See attached Exhibit A (Employment History) and Exhibit B (Current and Prior Positions)

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

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: N/A

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: N/A

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.

None

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): _____

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): _____

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:

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?

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

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 indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

- 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

- 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

- 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

- 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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Charged and pled guilty to DWI (see attached Complaint, Sentencing Order and Notice of Revocation)

12. 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 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,

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

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 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, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
N/A

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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?

- 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)?

See Attached Exhibit C

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

See Attached Exhibit C

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

If the answer to any of the above is 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. _____

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 22ND day of May 2014 at Manchester, New Hampshire 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.

FD Maria

(Signature of Affiant)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22 day of May, 2014 by Frank Joseph DeMaria and:

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

[SEAL]

Kathryn S. Bachman

Notary Public

Kathryn S. Bachman

Printed Notary Name

January 13, 2015

My Commission Expires

KATHRYN S. BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
on Expires Jan 13 2015

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

1. Affiant's Full Name (Initials Not Acceptable): First: Frank Middle: Joseph Last: DeMaria
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, 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.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

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: N/A

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY) : Place of Birth, City:
State/Province: Country: USA

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

7. Name of Affiant's Spouse (if applicable): _____

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
6/01/09 - present	██████████	Windham	NH	USA	██████
10/2007 - 6/01/09	██████████	Manchester	NH	USA	██████
07/1999 - 09/2007	██████████	Bow	NH	USA	██████

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 22 day of MAY, 2014 at Manchester, New Hampshire. 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.

Frank J. DeMaria
(Signature of Affiant)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22 day of May, 2014 by Frank Joseph DeMaria and:

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

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015

Kathryn S. Bachman
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Applicant Name (Company): Commonwealth Insurance Company of America NAIC No. 10220
FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Commonwealth Insurance Company of America [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Sherryl Scott, Legal Dept., 603-656-2268 [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Frank Joseph DeMaria, [REDACTED], Windham, NH [REDACTED]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

5/20/14
(Date)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22ND day of May, 2014 by FRANK DEMARIA, and:

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

[SEAL]

KATHRYN S. BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015

Kathryn S. Bachman
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Exhibit A

**Frank DeMaria
Employment History**

Name and address of Employer	Dates of Employment	Positions Held	Supervisor/Contact
RiverStone Resources LLC 250 Commercial Street Suite 5000 Manchester, NH 03101	January 2000 to Present	See Exhibit B Current Positions	Nicholas C. Bentley (603) 656-2500
International Insurance Company Chicago, Illinois (moved to) Manchester, NH	March 1991 to December 31, 1999	Vice President	Michael Coutu
Office of Special Deputy Chicago, IL	March 1986 to March 1991	Manager of Reinsurance Operations	James Schacht, Director of Insurance, Illinois Department of Insurance (now at Navigant)

Exhibit B**Frank DeMaria
Current Positions**

Company	Position Held	Effective Date
St. John's Insurance Company Limited Bermuda domiciled insurer	Vice President	04/28/1999
RiverStone Group LLC Delaware domiciled holding company	Senior Vice President	06/18/2004
RiverStone Resources LLC Delaware domiciled holding company	Senior Vice President	03/12/2004
TIG Insurance Company California domiciled insurer	Director Senior Vice President	10/04/2007 03/12/2004
General Fidelity Insurance Company South Carolina domiciled insurer	Senior Vice President	08/17/2010
Clearwater Insurance Company Delaware domiciled insurer	Senior Vice President	05/14/2013
Fairmont Premier Insurance Company California domiciled insurer	Director Senior Vice President	05/02/2008 06/22/2006
Fairmont Insurance Company California domiciled insurer	Director Senior Vice President	05/02/2008 06/22/2006
Fairmont Specialty Insurance Company California domiciled insurer	Director Senior Vice President	05/02/2008 06/22/2006
Valiant Insurance Company Delaware domiciled insurer	Senior Vice President	07/01/2011
Valiant Specialty Insurance Company Delaware domiciled insurer	Senior Vice President	07/01/2011
American Safety Casualty Insurance Company Oklahoma domiciled insurer	Senior Vice-President	10/03/2013
American Safety Indemnity Company Oklahoma domiciled insurer	Senior Vice-President	10/03/2013
Commonwealth Insurance Company of America Washington domiciled insurer	Senior Vice-President	02/04/2014

**Frank DeMaria
Prior Positions**

Company	Position Held	Effective Date
TIG Specialty Insurance Company	Senior Vice President	03/12/2004 to 10/02/2007
International Insurance Company	Vice President	03/1991 to 12/16/2002 merger
TIG Indemnity Company California domiciled insurer	Director Senior Vice President	05/01/2009 to 07/01/2010 sold 03/12/2004 to 07/01/2010 sold
Old Lyme Insurance Company of Rhode Island Rhode Island domiciled insurer	Director President CEO	04/04/2004 to 12/28/2009 merger 02/09/2005 to 12/28/2009 merger 02/09/2005 to 12/28/2009 merger
Resolution Reinsurance Services Corp. Delaware domiciled insurance services company	Senior Vice President	06/22/2004 to 08/13/2009
RiverStone Reinsurance Services LLC Delaware domiciled reinsurance collections company	Senior Vice President	06/18/2004 to 12/07/2012 merger
Fairmont Specialty Insurance Finance Co. Texas premium finance company	Director	05/02/2008 to 12/28/2009 dissolved
Fairmont Specialty Managers Corp. Texas underwriting manager	Director	05/02/2008 to 11/20/2008 dissolved

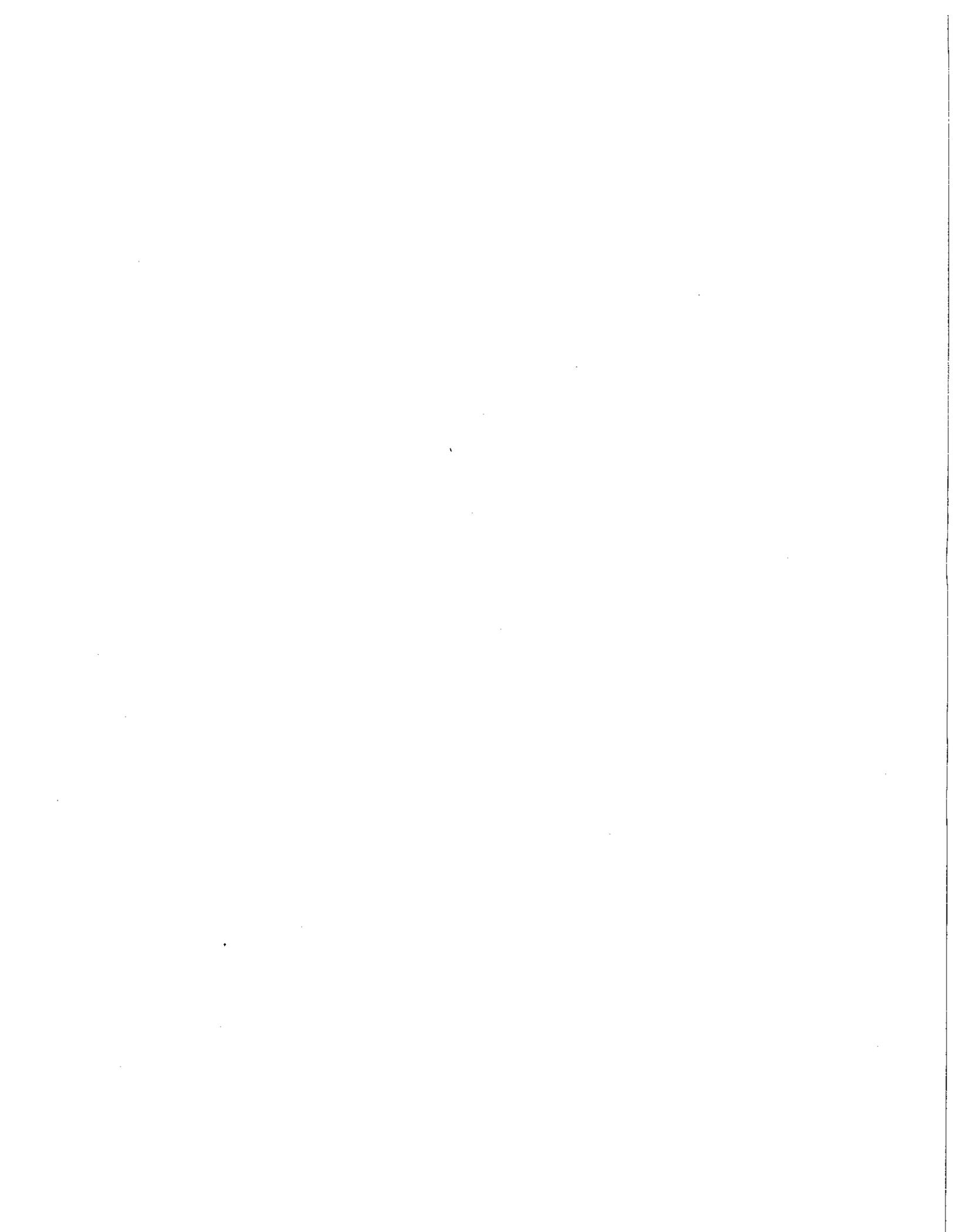
Exhibit C

Frank DeMaria

Question 15

I understand that the TIG companies, the Fairmont companies and General Fidelity have, on isolated occasions, been assessed regulatory or administrative fines relating to missing deadlines or other "course of business" matters. I am unaware of the specifics regarding these matters and am unaware of any allegation that any such fine resulted from intentionally improper conduct.

Further, I also formerly served as an officer of Fairmont Specialty Insurance Finance Co. (now dissolved). Fairmont Specialty Insurance Finance Co. determined that it would no longer engage in business and, as a result, allowed their licenses to lapse in several states, in some cases resulting in the suspension, cancellation or revocation of those licenses.



Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

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). _____

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101
603-656-2200

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): First: Henry Middle: Woods Last: Edmiston

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Senior Vice President

4. Affiant's business address: 2850 Lake Vista Drive, Suite 150, Lewisville, TX 75067

Business telephone: 972-831-6249 Business Email: HEdmiston@fairfaxinc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
LaSalle Law School	Chicago, IL	1968 - 1970	N/A	
University of Missouri	St. Louis, MO	1964 - 1968	N/A	
Delta State University	Cleveland, MS	1961 - 1963	N/A	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

Other Training: Name City/State Dates Attended (MM/YY) 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.

NO results found

FF 9/8/2014

RIRS N/A

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

See Attached Exhibit A

7. Present or proposed position with the applicant entity: Senior Vice President

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.

See Attached Exhibit B

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

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: _____

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.

None

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): _____

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): _____

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:

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?

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

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 indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

- 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

- 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

- 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

- 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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. 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 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,

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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?

- 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)?

See Attached Exhibit C

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 **See Attached Exhibit C**

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

If the answer to any of the above is 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. _____

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 21st day of May, 2014 at Lewisville, Texas. 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.

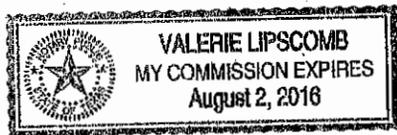
Henry Woods Edmiston
(Signature of Affiant)

State of: Texas County of: Denton

The foregoing instrument was acknowledged before me this 21st day of May, 2014 by Henry Woods Edmiston and:

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

[SEAL]



Valerie Lipscomb
 Notary Public
 Valerie Lipscomb
 Printed Notary Name
 August 2, 2016
 My Commission Expires

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101
603-656-2200

1. Affiant's Full Name (Initials Not Acceptable): First: Henry Middle: Woods Last: Edmiston
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, 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.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
	Hank Edmiston	Nickname

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: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY) : [REDACTED] Place of Birth, City: [REDACTED]
State/Province: [REDACTED] Country: USA

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

7. Name of Affiant's Spouse (if applicable) : [REDACTED]

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
1994 - Present	[REDACTED]	Coppell	Texas	USA	[REDACTED]

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 21st day of May, 2014 at Lewisville, Texas. 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]

(Signature of Affiant)

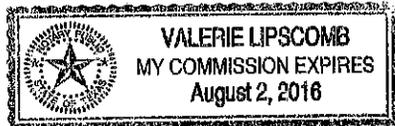
State of: Texas County of: Denton

The foregoing instrument was acknowledged before me this 21st day of May, 2014 by Henry Woods Edmiston and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]

Notary Public
Valerie Lipscomb
Printed Notary Name
August 2, 2016
My Commission Expires

Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of See above [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Sherryl Scott, Legal Dept., 603-656-2268 [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Henry Woods Edmiston, [redacted], Coppell, TX [redacted]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

5/21/2014
(Date)

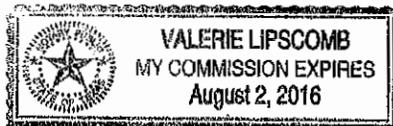
State of: Texas County of: Denton

The foregoing instrument was acknowledged before me this 21st day of May, 2014 by Henry Woods Edmiston, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Valerie Lipscomb
Notary Public
Valerie Lipscomb
Printed Notary Name
August 2, 2016
My Commission Expires

Exhibit A

Henry Woods Edmiston

Board of Directors & Chairman

Texas Medical Liability Insurance Underwriting Association (Medical Malpractice JUA)

Board of Directors

Club Corp of America

Member

National Association of Insurance Commissioners Industry Liaison Committee (NAIC Liaison)

Board of Directors

National Association of Insurance Commissioners System for Electronic Rate and Form Filing Committee (SERFF)

Board of Directors

Property Casualty Insurance Association of America

Board of Directors

Pioneer Financial Services, Inc., a publicly held financial services Holding Company of life and health insurance companies and related financial subsidiaries. Edmiston served on the Board Compensation, Investment and Acquisition committees.

Board of Directors

American Management Association (AMA)

Board of Directors & Vice Chairman

Valley Industries Commerce Association (VICA)

Board of Directors & Executive Committee

Association of California Insurance Companies (ACIC)

Board of Directors & Executive Committee

National Council on Compensation Insurance (NCCI)

Board of Directors

National Conference of Insurance Guaranty Funds (NCIGF)

Member

Passé International (NAIC) – Organization of former Insurance Commissioners

**Exhibit B
Employment History**

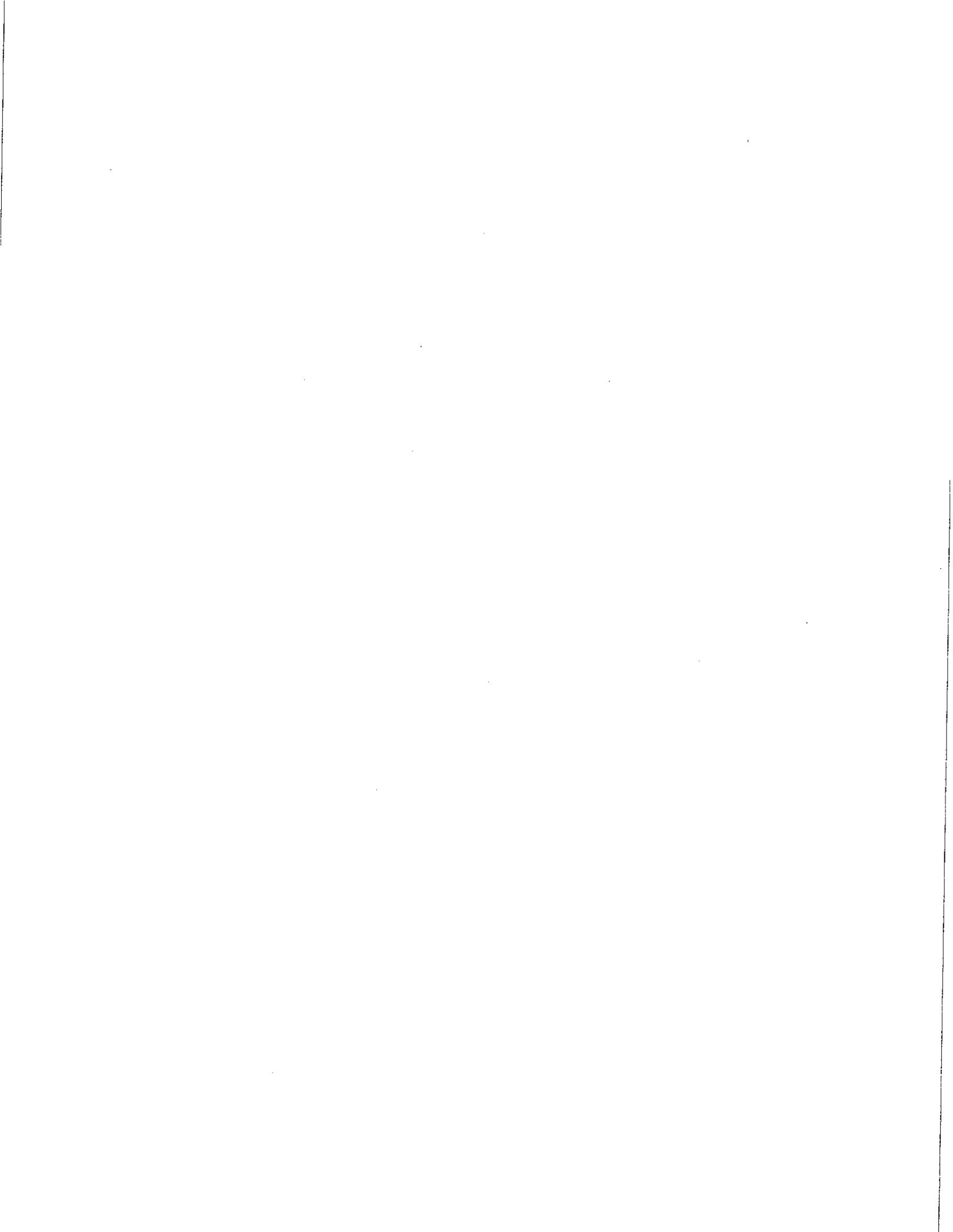
Henry Woods Edmiston

Name and address of Employer	Dates of Employment	Positions Held	Supervisor/Contact
Fairfax (US) Inc. 2850 Lake Vista Drive, Ste. 150 Lewisville, TX 57967 972-831-6249	2003 – Present	President & CEO	Bradley P. Martin
Fairfax Financial Holdings Limited 95 Wellington Street West, Suite 800 Toronto, Ontario, Canada M5J 2N7 416-367-4941	1999 – Present	Vice President, Regulatory Affairs	Bradley P. Martin
TIG Insurance Company 250 Commercial Street, Ste. 5000 Manchester, NH 03101 603-656-2350	1988 - Present	Senior Vice President	Bradley P. Martin
General Fidelity Insurance Company 250 Commercial Street, Ste. 5000 Manchester, NH 03101 603-656-2350	2010 – Present	Senior Vice President	Bradley P. Martin
Valiant Insurance Company 250 Commercial Street, Ste. 5000 Manchester, NH 03101 603-656-2350	2011 - present	Senior Vice President	Bradley P. Martin
American Safety Casualty Insurance Company 250 Commercial Street, Ste. 5000 Manchester, NH 03101 603-656-2350	2013 – present	Senior Vice President	Bradley P. Martin
American Safety Indemnity Company 250 Commercial Street, Ste. 5000 Manchester, NH 03101 603-656-2350	2013 – present	Senior Vice President	Bradley P. Martin
Commonwealth Insurance Company of America 250 Commercial Street, Ste. 5000 Manchester, NH 03101 603-656-2350	2013 – present	Senior Vice President	Bradley P. Martin

Exhibit C

Henry Woods Edmiston

I understand that the TIG companies and the Fairmont companies, including companies merged with and into any of these entities, have, on isolated occasions, been assessed regulatory or administrative fines relating to missing deadlines or other "course of business" matters. I am unaware of the specifics regarding these matters and am unaware of any allegation that any such fine resulted from intentionally improper conduct.



Applicant Name (Company): Commonwealth Insurance Company
of America

NAIC No. 10220
FEIN: 91-1673817

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). _____

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

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): First: Richard Middle: Joseph Last: Fabian

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney

4. Affiant's business address: 250 Commercial Street, Suite 5000, Manchester, NH 03101

Business telephone: 603-656-2475 Business Email: richard_fabian@trg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>Marquette University</u>	<u>Milwaukee, WI</u>	<u>1981 to 1985</u>	<u>BA - English</u>	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Law</u>	<u>Boston University Law School</u>	<u>Boston, MA</u>	<u>08/1987 to 05/1990</u>	<u>JD</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification 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.

JP
NO results found
FC 9/8/2014
RIRS WA

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

<u>Defense Research Institute</u>			

7. Present or proposed position with the applicant entity: Director, Secretary, General Counsel, SVP

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.

See attached Exhibit A (Employment History) and Exhibit B (Current and Prior Positions)

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

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: N/A

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: New York State Bar Address: One Elk Street

City: Albany State/Province: New York Country: US Postal Code: 12207

License Type: Law License License #: _____ Date Issued (MM/YY): 1992

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 518-463-3200

Organization/Issuer of License: Massachusetts State Bar Address: 20 West Street

City: Boston State/Province: MA Country: US Postal Code: 02111

License Type: Law License License #: _____ Date Issued (MM/YY): 1990

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 617-338-0500

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:

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?

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

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 indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

- 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

- 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

- 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

- 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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

MA Bar license was temporarily suspended (approximately 2006) for non-payment of license fee due to clerical error. It was immediately reinstated after payment.

12. 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 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,

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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?

- 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)?

See Attached Exhibit C

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 **See Attached Exhibit C**

Applicant Name (Company): See Page One

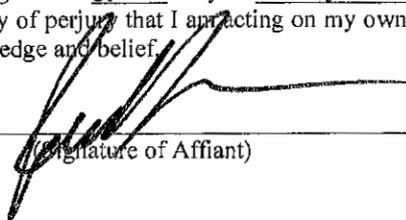
NAIC No. See Page One

FEIN: See Page One

If the answer to any of the above is 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. _____

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 23rd day of May 2014 at Manchester, New Hampshire. 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)

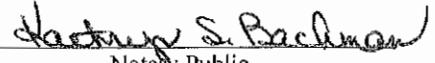
State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 23 day of May, 2014 by Richard Joseph Fabian, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Notary Public

Kathryn S. Bachman

Printed Notary Name

January 13, 2015

My Commission Expires

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

1. Affiant's Full Name (Initials Not Acceptable): First: Richard Middle: Joseph Last: Fabian
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, 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.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

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: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY) : [REDACTED] Place of Birth, City: [REDACTED]
State/Province: [REDACTED] Country: United States

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

7. Name of Affiant's Spouse (if applicable): [REDACTED]

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
05/2004 to Present	[REDACTED]	Windham	NH	[REDACTED]	[REDACTED]
10/1999 to 5/2004	[REDACTED]	Windham	NH	USA	[REDACTED]

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 23 day of MAY, 2014 at Manchester, New Hampshire. 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]
(Signature of Affiant)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 23 day of May, 2014 by Richard Joseph Fabian and:

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

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015

Kathryn S. Bachman
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220

FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Commonwealth Insurance Company of America [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Sherryl Scott, Legal Dept., 603-656-2268 [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

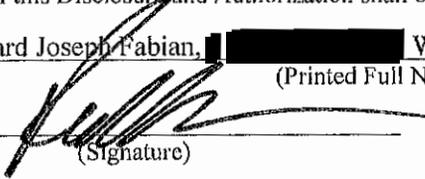
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard Joseph Fabian, [redacted] Windham, NH [redacted]

(Printed Full Name and Residence Address)


(Signature)

5/23/14
(Date)

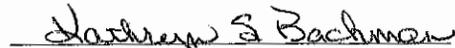
State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 23RD day of May, 2014 by Richard Joseph Fabian, and:

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

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015


Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

Revised 04/16/13

Exhibit A

Richard J. Fabian Employment History

Name and address of Employer	Dates of Employment	Positions Held	Supervisor/Contact
RiverStone Resources LLC 250 Commercial Street Suite 5000 Manchester, NH 03101	January 1, 2000 to Present	See Exhibit B. Current and Prior Positions	Nicholas C. Bentley Charles C. Ehrlich
International Insurance Company Chicago, Illinois (moved to) Manchester, NH	March 1999 to December 31, 1999	See Exhibit B Current and Prior Positions	Charles C. Ehrlich
Luce, Forward, Hamilton & Scripps San Diego, CA	August 1995 to February 1999	Associate Attorney	Kimball Ann Lane
Adams, Duque & Hazeltine Los Angeles, CA	January 1991 to July 1995	Associate Attorney	Same as above
Law Offices of John Kerrigan Boston, MA	1990 to 1991	Associate Attorney	None – attorney deceased

Exhibit B**Richard J. Fabian****Current Positions**

Company	Position Held	Effective Date
The Resolution Group, Inc. Delaware domiciled holding company	General Counsel	02/11/2009
Resolution Reinsurance Services Corp. Delaware domiciled insurance services company	General Counsel	02/11/2009
TRG Holding Corporation Delaware domiciled holding company	General Counsel	02/11/2009
St. John's Insurance Company Limited Bermuda domiciled insurer	General Counsel	02/11/2009
RiverStone Group LLC Delaware domiciled holding company	General Counsel	02/11/2009
RiverStone Resources LLC Delaware domiciled holding company	General Counsel Senior Vice President	02/11/2009 06/30/2009
RiverStone Claims Management LLC Delaware domiciled claims management company	General Counsel Senior Vice President Secretary	02/11/2009 06/30/2009 07/26/2013
TIG Insurance Company California domiciled insurer	Director General Counsel Senior Vice President	02/11/2009 02/11/2009 06/30/2009
General Fidelity Insurance Company South Carolina domiciled insurer	Director Secretary General Counsel Senior Vice President	08/17/2010 08/17/2010 08/17/2010 08/17/2010
Clearwater Insurance Company Delaware domiciled insurer	Director General Counsel Senior Vice President	07/11/2011 11/26/2012 05/24/2011
TIG Holdings 1, Inc. Delaware holding company	General Counsel	02/11/2009
TIG Holdings 2, Inc. Delaware holding company	General Counsel	02/11/2009
TIG Holdings 4, Inc. Delaware holding company	General Counsel	02/11/2009
Fairmont Specialty Group, Inc. Delaware holding company	General Counsel	02/11/2009
Fairmont Premier Insurance Company California domiciled insurer	General Counsel Senior Vice President	02/11/2009 06/30/2009
Fairmont Insurance Company California domiciled insurer	General Counsel Senior Vice President	02/11/2009 06/30/2009
Fairmont Specialty Insurance Company California domiciled insurer	General Counsel Senior Vice President	02/11/2009 06/30/2009
Investment and Administrative Services Company Delaware domiciled service company	General Counsel Senior Vice-President	07/01/2011 07/01/2011

Valiant Insurance Company Delaware domiciled insurer	Director	07/01/2011
	General Counsel	07/01/2011
	Secretary	07/01/2011
	Senior Vice-President	07/01/2011
Valiant Specialty Insurance Company Delaware domiciled insurer	Director	07/01/2011
	General Counsel	07/01/2011
	Secretary	07/01/2011
	Senior Vice-President	07/01/2011
Valiant Insurance Group LLC Delaware domiciled holding company	General Counsel	07/01/2011
	Senior Vice-President	07/01/2011
American Safety Administrative Services, Inc. Georgia domiciled corporation	General Counsel	10/03/2013
	Secretary	10/03/2013
	Senior Vice-President	10/03/2013
American Safety Casualty Insurance Company Oklahoma domiciled insurer	Director	10/03/2013
	General Counsel	10/03/2013
	Secretary	10/03/2013
	Senior Vice-President	10/03/2013
American Safety Claims Services, Inc. Georgia domiciled corporation	General Counsel	10/03/2013
	Secretary	10/03/2013
	Senior Vice-President	10/03/2013
American Safety Holdings Corp. Delaware domiciled corporation	Director	10/03/2013
	General Counsel	10/03/2013
	Senior Vice-President	10/03/2013
American Safety Holdings II Corporation Delaware domiciled corporation	Director	10/03/2013
	General Counsel	10/03/2013
	Senior Vice-President	10/03/2013
American Safety Indemnity Company Oklahoma domiciled insurer	Director	10/03/2013
	General Counsel	10/03/2013
	Secretary	10/03/2013
	Senior Vice-President	10/03/2013
American Safety Insurance Services, Inc. Georgia domiciled corporation	General Counsel	10/03/2013
	Secretary	10/03/2013
	Senior Vice-President	10/03/2013
American Safety Purchasing Group, Inc. Georgia domiciled corporation	General Counsel	10/03/2013
	Secretary	10/03/2013
	Senior Vice-President	10/03/2013
Bluestone Agency, Inc. Arizona insurance agency	Director	10/03/2013
	General Counsel	10/03/2013
	Senior Vice-President	10/03/2013
Bluestone Surety, Ltd. Cayman Islands company	Director	05/01/2014
Commonwealth Insurance Company of America Washington insurance agency	Director	02/04/2014
	General Counsel	02/04/2014
	Secretary	02/04/2014
	Senior Vice-President	02/04/2014
TIG Insurance (Barbados) Limited	Director	04/21/2014

Richard J. Fabian
Prior Positions

Company	Position Held	Effective Date
RiverStone Claims Management LLC Delaware domiciled claims management company	Vice President (promoted to Senior Vice President)	05/10/2002 to 02/11/2009
TIG Insurance Company California domiciled insurer	Vice President (promoted to Senior Vice President)	03/24/2003 to 06/30/2009
TIG Insurance Group, Inc. Delaware domiciled holding company	General Counsel	02/11/2009 to 12/29/2010 transferred
TIG Holdings, Inc. Delaware domiciled holding company	Director General Counsel	02/11/2009 to 12/29/2010 transferred
Envision Claims Management Corporation New Jersey domiciled claims management company	General Counsel	02/11/2009 to 10/19/2009 dissolved
TIG Indemnity Company California domiciled insurer	General Counsel	02/11/2009 to 07/01/2010 sold
Old Lyme Insurance Company of Rhode Island Rhode Island domiciled insurer	General Counsel	02/11/2009 to 12/28/2009 merger
Fairmont Specialty Insurance Finance Company Texas Premium Finance Company	General Counsel	02/11/2009 to 12/28/2009 dissolved
Guild Insurance Agency, Inc. Ohio domiciled insurer	General Counsel	02/11/2009 to 12/13/2010 dissolved
Ranger Insurance Services, Inc. Texas domiciled insurer	General Counsel	02/11/2009 to 12/10/2010 dissolved
RiverStone Reinsurance Services LLC Delaware domiciled reinsurance collections company	General Counsel Senior Vice President	02/11/2009 to 12/07/2012 merger 06/30/2009 to 12/07/2012 merger
Guild Underwriters Napa, Inc. Delaware Holding Company	General Counsel	02/11/2009 to 01/23/2013 dissolved
American Safety Financial Corp. Georgia domiciled corporation	General Counsel Senior Vice President	10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved
Sureco Bond Services, Inc. Georgia domiciled corporation	General Counsel Senior Vice-President	10/03/2013 to 10/10/2013 dissolved 10/03/2013 to 10/10/2013 dissolved

Exhibit C

Richard J. Fabian

Question 15

I understand that the TIG companies, the Fairmont companies and General Fidelity have, on isolated occasions, been assessed regulatory or administrative fines relating to missing deadlines or other "course of business" matters. I am unaware of the specifics regarding these matters and am unaware of any allegation that any such fine resulted from intentionally improper conduct.

Further, I also formerly served as an officer of Ranger Insurance Services, Inc., Guild Insurance Agency, Inc. and Fairmont Specialty Insurance Finance Co. (all now dissolved). Ranger Insurance Services, Inc., Guild Insurance Agency, Inc. and Fairmont Specialty Insurance Finance Co. determined that they would no longer engage in business and, as a result, allowed their licenses to lapse in several states, in some cases resulting in the suspension, cancellation or revocation of those licenses.



Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

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).

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

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): First: James Middle: King Last: Kelly

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Human Resource Professional

4. Affiant's business address: 250 Commercial St, Ste 5000, Manchester, NH 03101

Business telephone: 603-656-2300 Business Email: jim_kelly@trg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Vermont</u>	<u>Burlington, Vermont</u>	<u>9/1977 - 1/1982</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Organizational Psychology</u>	<u>Columbia University</u>	<u>New York, NY</u>	<u>9/1994 - 5/1997</u>	<u>MA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification 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.

JPK
NO results found
FF 9/18/2014
RIRS N/A

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

None

7. Present or proposed position with the applicant entity: Senior Vice President

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.

See Exhibit A (Employment History) and Exhibit B (Current and Prior Positions)

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

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: N/A

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: N/A

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.

None

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): _____

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): _____

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:

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?

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

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 indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

- 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

- 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

- 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

- 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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

DUI in 1999, Scarsdale, NY See attached.

12. 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 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,

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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?

- 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)?

See Attached Exhibit C

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 **See Attached Exhibit C**

Applicant Name (Company): See Page One

NAIC No. See Page One

FEIN: See Page One

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101

1. Affiant's Full Name (Initials Not Acceptable): First: James Middle: King Last: Kelly
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, 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.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

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: N/A

5. Foreign Student ID# (if applicable) : N/A

6. Date of Birth: (MM/DD/YY) : Place of Birth, City:
State/Province: Country: USA

Applicant Name (Company): See Page One

NAIC No. See Page One
FEIN: See Page One

7. Name of Affiant's Spouse (if applicable) : [REDACTED]

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
07/11 - present	[REDACTED]	Manchester	NH	USA	[REDACTED]
9/08 - 8/11	[REDACTED]	South Pomfret	VT	USA	[REDACTED]
5/94 - 8/08	[REDACTED]	Pelham	NY	USA	[REDACTED]

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 22 day of May, 2014 at Manchester, New Hampshire. 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]
(Signature of Affiant)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22 day of May, 2014 by James King Kelly and:

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

[SEAL]

[Signature]
Notary Public
Kathryn S. Bachman
Printed Notary Name
January 13, 2015
My Commission Expires

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan 13, 2015

Applicant Name (Company): Commonwealth Insurance Company
of America

NAIC No. 10220
FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of See above [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Sheryl Scott, Legal Dept., 603-656-2268 [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

James King Kelly, [redacted], Manchester, NH [redacted]

(Printed Full Name and Residence Address)

[Signature]
(Signature)

5/22/14
(Date)

State of: New Hampshire County of: Hillsborough

The foregoing instrument was acknowledged before me this 22 day of May, 2014 by James King Kelly, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

KATHRYN S BACHMAN
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My Commission Expires Jan. 13, 2015

[Signature]

Notary Public
Kathryn S. Bachman

Printed Notary Name
January 13, 2015

My Commission Expires

Exhibit A

James K. Kelly Employment History

Name and address of Employer	Dates of Employment	Positions Held	Supervisor / Contact
RiverStone Resources LLC 250 Commercial Street Suite 5000 Manchester, NH 03101	2011 to present	See Exhibit B Current and Prior Positions	Nicholas C. Bentley
Kroll, Inc. New York, NY	2004 - 2011	Vice President, Human Resources	Barbara Nieto
Marsh Inc. New York, NY	2002 - 2004	Managing Director, Marsh Global Practices Human Resources	Laurie Ledford
Deutsche Bank New York, NY and Sao Paulo, Brazil	2000 - 2002	Director of Human Resources, MaxBlue Americas	Maggie Griffiths
Citigroup Stamford, CT	1998 - 2000	Human Resources Director, e- Business	Cathy Sacks
	1992 - 1994	Human Resources Generalist, Global Cash Management	
Hyatt Hotels - Grand Hyatt New York, NY	1990 - 1992	Human Resources Manager	Wayne Romanowski
RockResorts Jackson Hole, WY	1985 - 1990	Human Resources Director	Dennis O'Toole
Lord & Taylor New York, NY and Miami, FL	1982 - 1985	Human Resources Director	Joe Brooks

Exhibit B**James K. Kelly****Current Positions**

Company	Position Held	Effective Date
RiverStone Resources LLC Delaware domiciled holding company	Senior Vice President	07/06/2011
RiverStone Claims Management LLC Delaware domiciled claims management company	Senior Vice President	07/06/2011
TIG Insurance Company California domiciled insurer	Senior Vice President	07/06/2011
General Fidelity Insurance Company South Carolina domiciled insurer	Senior Vice President	07/06/2011
Fairmont Premier Insurance Company California domiciled insurer	Senior Vice President	07/06/2011
Fairmont Insurance Company California domiciled insurer	Senior Vice President	07/06/2011
Fairmont Specialty Insurance Company California domiciled insurer	Senior Vice President	07/06/2011
Valiant Insurance Company Delaware domiciled insurer	Senior Vice President	07/06/2011
Valiant Specialty Insurance Company Delaware domiciled insurer	Senior Vice President	07/06/2011
Investment and Administrative Services Company Delaware domiciled service company	Senior Vice President	07/06/2011
American Safety Administrative Services, Inc. Georgia domiciled corporation	Senior Vice President	10/03/2013
American Safety Casualty Insurance Company Oklahoma domiciled insurer	Senior Vice President	10/03/2013
American Safety Claims Services, Inc. Georgia domiciled corporation	Senior Vice President	10/03/2013
Commonwealth Insurance Company of America Washington domiciled insurer	Senior Vice President	02/04/2014
American Safety Holdings Corp. Delaware domiciled corporation	Senior Vice President	10/03/2013
American Safety Holdings II Corporation Delaware domiciled corporation	Senior Vice President	10/03/2013
American Safety Indemnity Company Oklahoma domiciled insurer	Senior Vice President	10/03/2013

American Safety Insurance Services, Inc. Georgia domiciled corporation	Senior Vice President	10/03/2013
American Safety Purchasing Group, Inc. Georgia domiciled corporation	Senior Vice President	10/03/2013
Bluestone Agency, Inc. Arizona insurance agency	Senior Vice President	10/03/2013
Commonwealth Insurance Company of America Washington domiciled insurer	Senior Vice President	02/04/2014

James K. Kelly

Prior Positions

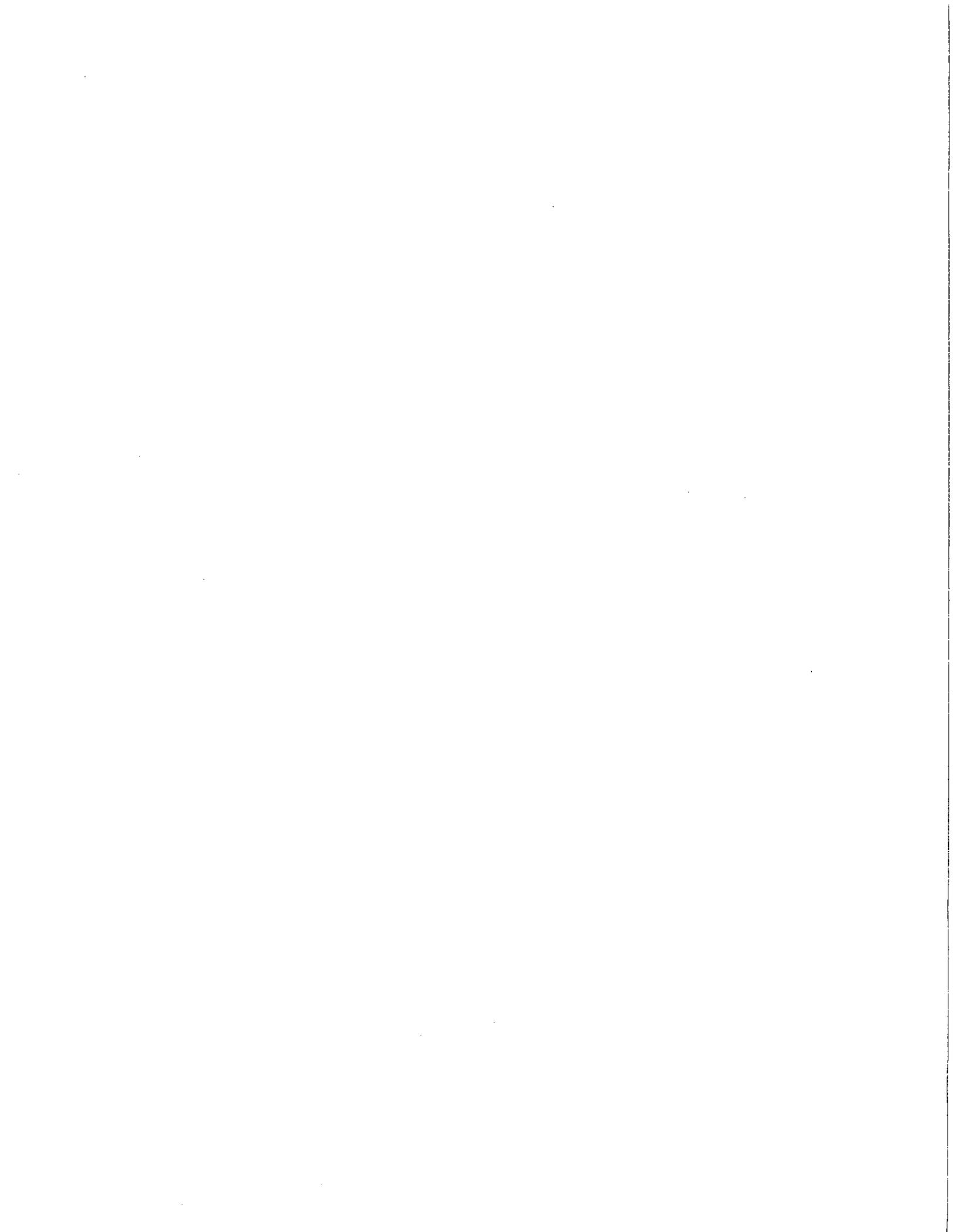
Company	Position Held	Effective Date
RiverStone Reinsurance Services LLC Delaware domiciled reinsurance collections company	Senior Vice President	07/06/2011 to 12/07/2012 merger
American Safety Financial Corp. Georgia domiciled corporation	Senior Vice President	10/03/2013 to 10/10/2013 dissolved
Sureco Bond Services, Inc. Georgia domiciled corporation	Senior Vice President	10/03/2013 to 10/10/2013 dissolved

Exhibit C

James K. Kelly

Question 15

I understand that the TIG companies and the Fairmont companies, including companies merged with and into any of these entities, have, on isolated occasions, been assessed regulatory or administrative fines relating to missing deadlines or other "course of business" matters. I am unaware of the specifics regarding these matters and am unaware of any allegation that any such fine resulted from intentionally improper conduct.



Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

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).

Fairfax Financial Holdings Limited/FFHL Group Ltd., 95 Wellington Street West, Suite 800, Toronto, Ontario M5J 2N7 Canada

416-367-4941

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): First: Vivian Middle: Prem Last: Watsa

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Canada

3. Affiant's occupation or profession: Business Executive

4. Affiant's business address: 95 Wellington Street West, Suite 800, Toronto, Ontario M5J 2N7

Business telephone: 416-367-4941 Business Email: p_watsa@fairfax.ca

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Indian Institute of Technology	Chennai, India	1968-1971	BA Chem.Eng.Tech.

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	University of Western Ontario	London, Ontario	1972-1974	MBA

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
CFA Institute	Toronto, Ontario	1977-1979	CFA

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.

NO results found

Fr 9/8/2014

RIRS N/A

Applicant Name (Company): Commonwealth Insurance Company of America NAIC No. 10220
 FEIN: 91-1673817

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Toronto CFA Society		80 Richmond Street W Toronto, Ontario M5H 2A4	416-366-5575

7. Present or proposed position with the applicant entity: Chairman and Chief Executive Officer (Fairfax)

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.

PLEASE SEE ATTACHED EMPLOYMENT ADDENDUM

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Name (Company) Commonwealth Insurance Company of America NAIC No. 10220
FEIN: 91-1673817

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: _____

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.

None

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): _____

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): _____

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:

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?

Applicant Name (Company): Commonwealth Insurance Company of America NAIC No. 10220
FEIN: 91-1673817

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 indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

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

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

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

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 yes, please provide details including dates, locations, disposition, etc. 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 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

Applicant Name (Company):

*Commonwealth Insurance
Company of America*

NAIC No. 10220
FEIN: 91-1673817

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. See attached.

If any of the stock is pledged or hypothecated in any way, give details. None

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

See attached.

If any of the shares of stock are pledged or hypothecated in any way, give details. None

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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?

- 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

Applicant Name (Company)

*Commonwealth Insurance
Company of America*

NAIC No.

10220

FEIN:

91-1673817

If the answer to any of the above is 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. _____

None

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.

[Signature page follows]

Applicant Name (Company) Commonwealth Insurance Company of America NAIC No. 10220
FEIN: 91-1673817

Dated and signed this 15th day of July 2014 at Toronto, Ontario. 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.

V. P. Watsa
(Signature of Affiant)

Province of Ontario County of York

The foregoing instrument was acknowledged before me this 15th day of July, 2014 by V. Prem Watsa, and who is personally known to me.

[SEAL]



Notary Public
Eric P. Salsberg
My Commission Does Not Expire

Applicant Name (Company): Commonwealth Insurance Company of America NAIC No. 10220
 FEIN: 91-1673819

**BIOGRAPHICAL AFFIDAVIT
 Supplemental Personal Information**

(Print or Type)

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

Fairfax Financial Holdings Limited, 95 Wellington Street West, Suite 800, Toronto, Ontario M5J 2N7 (416) 367-4941

1. Affiant's Full Name (Initials Not Acceptable): First: Vivian Middle: Prem Last: Watsa
 IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, 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.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
1975 – Present	Middle name	Usually called "Prem"
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: [REDACTED] (Canadian Social Insurance Number)
- 4. Government Identification Number if not a U.S. Citizen: [REDACTED] (Canadian Passport)
- 5. Foreign Student ID# (if applicable) : _____
- 6. Date of Birth: (MM/DD/YY) : [REDACTED] Place of Birth, City: [REDACTED]
 State/Province: [REDACTED] Country: India
- 7. Name of Affiant's Spouse (if applicable) : [REDACTED]

Applicant Name (Company): Commonwealth Insurance Company of America NAIC No. 10220
FEIN: 91-1073817

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
1988-Present	[REDACTED]	Toronto	Ontario	Canada	[REDACTED]

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.

[Signature page follows]

Applicant Name (Company): Commonwealth Insurance Company of America NAIC No. 10220
FEIN: 91-1673817

Dated and signed this 15th day of July, 2014 at Toronto, Ontario. 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.

V. P. Watson
(Signature of Affiant)

Province of Ontario County of York

The foregoing instrument was acknowledged before me this 15th day of July, 2014 by V. Prem Watsa, and who is personally known to me.

[SEAL]



Notary Public
Eric P. Salsberg
My Commission Does Not Expire

Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Commonwealth Insurance Company of America (company name) ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Sherryl Scott, Legal Dept. 603.656.2268 [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

V. Prem Watsa, [redacted], Toronto, Ontario, Canada [redacted]
(Printed Full Name and Residence Address)

V. P. Watsa
(Signature)

July 15, 2014
(Date)

Province of Ontario County of York

The foregoing instrument was acknowledged before me this 15th day of July, 2014 by V. Prem Watsa, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]

Notary Public
Eric P. Salsberg

My Commission Does Not Expire

Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Fairfax Financial Holdings Limited ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Eric Salsberg, Vice President, Corporate Affairs & Corporate Secretary, 95 Wellington Street West, Suite 800, Toronto, Ontario, Canada M5J 2N7 (416) 367-4941.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

V. Prem Watsa, [REDACTED], Toronto, Ontario, Canada [REDACTED]
(Printed Full Name and Residence Address)

V. P. Watsa
(Signature)

July 15th, 2014
(Date)

Province of Ontario County of York

The foregoing instrument was acknowledged before me this 15th day of July, 2014 by V. Prem Watsa, and who is personally known to me.

[SEAL]

[Signature]
Notary Public
Eric P. Salsberg
My Commission Does Not Expire

Applicant Name (Company): Commonwealth Insurance Company of America

NAIC No. 10220
FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ [name of CRA, address] ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

V. Prem Watsa, _____, Toronto, Ontario, Canada _____
(Printed Full Name and Residence Address)

V. P. Watsa
(Signature)

July 15, 2014
(Date)

Province of Ontario County of York

The foregoing instrument was acknowledged before me this 15th day of July, 2014 by V. Prem Watsa, and:

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

[SEAL]

Notary Public
Eric Salsberg
My Commission Does Not Expire
Revised 04/16/13

ADDENDUM FOR BIOGRAPHICAL AFFIDAVIT

QUESTION 8

Employment (for the past 20 years)

<i>Beginning/Ending Dates (MM/YY)</i>	<i>Employers' Name</i>	<i>Address</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>	<i>Postal Code</i>
1985-Present	Fairfax Financial Holdings Limited	95 Wellington St. West	Toronto	Ontario	Canada	M5J 2N7
	<i>Offices/Positions Held</i>	<i>Phone</i>	<i>Fax</i>	<i>Supervisor/Contact</i>		
	Chairman & Chief Executive Officer	(416) 367-4941	(416) 367-2201			

<i>Beginning/Ending Dates (MM/YY)</i>	<i>Employers' Name</i>	<i>Address</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>	<i>Postal Code</i>
1984 - Present	Hamblin Watsa Investment Counsel Limited	95 Wellington St. West	Toronto	Ontario	Canada	M5J 2N7
	<i>Offices/Positions Held</i>	<i>Phone</i>	<i>Fax</i>	<i>Supervisor/Contact</i>		
	Vice President					

V. PREM WATSA

PRINCIPAL OCCUPATION – 1985 to present: Chairman & Chief Executive Officer
Fairfax Financial Holdings Limited

	<u>Term</u>	<u>Director</u>	<u>Officer</u>
1109519 Ontario Limited	Dec 94-	Yes	President
810679 Ontario Limited	Dec 88-	Yes	President
2771489 Canada Limited	Nov 92-	Yes	President
Bank of Ireland*	June 2012-July 2013	Yes	
Crum & Forster Holdings Corp.	May 03-May 2014	Yes	Chairman
Fairfax Financial Holdings Limited	1985-	Yes	Chairman & CEO
Fairfax International Holdings Limited	2009-2010	Yes	President & CEO
Fairfax Investments USA Corp.	2009-2009	Yes	Chairman & Pres.
FFHL Share Option 1 Corp.	Aug 01-	Yes	President
Hamblin Watsa Investment Counsel Ltd.	July 84-	Yes	V.P. & Secretary
ICICI Bank Ltd.*	2004-June 27, 2011	Yes	
Cunningham Lindsey Group Inc.	1987- 08	Yes	
FFHL Group Ltd.	Dec 97-	Yes	
	Apr 02-		President & CEO
Northbridge Financial Corporation (Public Co)	Apr 03-Feb 09	Yes	Chairman
Northbridge Financial Corporation (Non-Public Co)	Feb 09-June 2014	Yes	Chairman
Odyssey Re Holdings Corp.(Public Co.)	Mar 2009-Oct 2009	Yes	Chairman
Odyssey Re Holdings Corp.(Non-Public Co.)	Oct 2009-June 2014		
BlackBerry Ltd. (formerly Research in Motion Limited)*	Jan 2012-Aug 2013	Yes	
BlackBerry Limited*	Nov 2013	Yes	
The Sixty Four Foundation*	Dec 1999-2008	Yes	
The Six Four Foundation*	2008-	Yes	
The Sixty Three Foundation*	Nov 98-	Yes	
The Sixty Two Investment Company Limited	May 85-	Yes	President
TIG Holdings Inc.	Apr 99-Sept 2011	Yes	Chairman
Zenith National Insurance Corp.	June 2010-June 2014	Yes	
Ivey Business School*	June 1999-	Yes	
Royal Ontario Museum*	2001-	Yes	
Sick Kids Foundation*	Jan 1998-	Yes	

* Not Fairfax affiliates

/July 2014

Question 12.

As the controlling shareholder of Fairfax Financial Holdings Limited:

DOMICILE

Northbridge Commercial Insurance Corporation	Canada
Northbridge General Insurance Corporation	Canada
Northbridge Personal Insurance Corporation	Canada
Federated Insurance Company of Canada	Canada
Wentworth Insurance Company Limited	Barbados
Fairmont Specialty Insurance Company	Delaware
ICICI Lombard General Insurance Company (26%)	India
Zenith Insurance Company	Canada
CRC (Bermuda) Reinsurance Limited	Bermuda
Odyssey America Reinsurance Corporation	Connecticut
Clearwater Insurance Company	Delaware
Clearwater Select Insurance Company	Delaware
Hudson Insurance Company	Delaware
Hudson Specialty Insurance Company	New York
First Capital Insurance Limited (97.7%)	Singapore
RiverStone Insurance (UK) Limited	U.K.
Crum & Forster Insurance Company	New Jersey
Crum & Forster Specialty Insurance Company	Arizona
United States Fire Insurance Company	Delaware
The North River Insurance Company	New Jersey
Seneca Insurance Company, Inc.	New York
Seneca Specialty Insurance Company, Inc.	Arizona
Falcon Insurance Company (Hong Kong) Ltd.	Hong Kong
Fairmont Insurance Company	California
Fairmont Premier Insurance Company	California
TIG Insurance Company	California
Alltrust Insurance Company (15%)	China
Polish Re	Poland
Fairfax Brasil	Brazil
Zenith National Insurance Corp.	California
General Fidelity Insurance Company	South Carolina
Gulf Insurance Company (41%)	Kuwait
First Mercury Financial Corporation	Delaware
The Pacific Insurance Berhad	Malaysia

(100% owned unless otherwise indicated)

FAIRFAX

FINANCIAL HOLDINGS LIMITED

NOTICE OF ANNUAL MEETING OF SHAREHOLDERS

NOTICE IS HEREBY GIVEN that an Annual Meeting of Shareholders of Fairfax Financial Holdings Limited will be held at Roy Thomson Hall, 60 Simcoe Street, Toronto, Canada on Wednesday, April 9, 2014 at 9:30 a.m. (Toronto time) for the following purposes:

- (a) to elect directors;
- (b) to appoint auditors; and
- (c) to transact such other business as may properly come before the meeting.

By Order of the Board,

Eric P. Salsberg
Vice President, Corporate Affairs
and Corporate Secretary

Toronto, March 7, 2014

If you cannot be present to vote in person at the meeting, please complete and sign the enclosed form of proxy and return it in the envelope provided, or vote via the Internet at <https://proxy.vallanttrust.com>. Please refer to the accompanying Management Proxy Circular for further information regarding completion and use of the proxy and other information pertaining to the meeting.

AS AT JUNE 30, 2014

20,437,903

MANAGEMENT PROXY CIRCULAR

(Note: Dollar amounts in this Management Proxy Circular are in Canadian dollars except as otherwise indicated.)

Voting Shares and Principal Holders Thereof

We have ~~20,437,253~~ 20,437,903 subordinate voting shares and 1,548,000 multiple voting shares outstanding (these are our only voting securities). Each subordinate voting share carries one vote per share at all meetings of shareholders except for separate meetings of holders of another class of shares. Each multiple voting share carries ten votes per share at all meetings of shareholders except in certain circumstances (which have not occurred) and except for separate meetings of holders of another class of shares. The outstanding subordinate voting shares currently represent 56.9% of the total votes attached to all classes of our outstanding shares.

Each holder of our subordinate voting shares or multiple voting shares of record at the close of business on March 7, 2014 (the "record date" established for notice of the meeting and for voting in respect of the meeting) will be entitled to vote at the meeting or any adjournment or postponement thereof, either in person or by proxy. Shareholders representing in person or by proxy at least 15% of our outstanding voting shares constitute a quorum at any meeting of shareholders.

The Sixty Two Investment Company Limited ("Sixty Two") owns 50,620 subordinate voting shares and 1,548,000 multiple voting shares, representing 43.2% of the total votes attached to all classes of our shares (100% of the total votes attached to the multiple voting shares and 0.2% of the total votes attached to the subordinate voting shares). V. Prem Watsa, our Chairman and Chief Executive Officer, controls Sixty Two and himself beneficially owns an additional ~~257,921~~ 257,921 subordinate voting shares and exercises control or direction over an additional 2,100 subordinate voting shares. These shares, together with the shares owned directly by Sixty Two, represent 44.0% of the total votes attached to all classes of our shares (100% of the total votes attached to the multiple voting shares and 1.5% of the total votes attached to the subordinate voting shares). To the knowledge of our directors and officers, there are no other persons who (directly or indirectly) beneficially own, or control or direct, shares carrying 10% or more of the votes attached to any class of our voting shares, except that, according to our best information, Southeastern Asset Management, Inc. owns or controls 2,717,437, or 13.3%, of our subordinate voting shares.

Except for a sale to a purchaser who makes an equivalent unconditional offer to purchase all outstanding subordinate voting shares, Sixty Two has agreed with us that it will not sell its multiple voting shares (except to Sixty Two's 75%-owned subsidiaries).

Annual Report

Our Annual Report includes our consolidated financial statements and the notes thereto for the year ended December 31, 2013. No action will be taken at the meeting with respect to approval or disapproval of the Annual Report.

You may obtain a copy of our latest annual information form (together with the documents incorporated therein by reference), our comparative consolidated financial statements for 2013 together with the report of the auditors thereon, management's discussion and analysis of our financial condition and results of operations for 2013, any of our interim financial statements for periods subsequent to the end of our 2013 fiscal year and this circular, upon request to our Corporate Secretary. If you are one of our securityholders, there will be no charge to you for these documents. You can also find these documents on our website (www.fairfax.ca) or on SEDAR (www.sedar.com).

Election of Directors

A Board of seven directors is to be elected at the meeting to serve until the next annual meeting. Each nominee is voted for on an individual basis. If you submit a proxy in the enclosed form, it will, unless you direct otherwise, be voted FOR the election of each of the nominees named below. However, in case any of the nominees should become unavailable for election for any presently unforeseen reason, the persons named in the proxy will have the right to use their discretion in selecting a substitute. The Board has adopted the following majority voting policy for uncontested elections of directors: if

258,115