

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445  
FEIN: 74-1915841

**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):

**Sagicor Life Insurance Company**  
900 Congress Ave. Suite 300  
Austin, TX 78701  
480-425-5100

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. a. Affiant's Full Name (Initials Not Acceptable). Bart Ferrell Catmull  
b. Maiden Name (if applicable). \_\_\_\_\_
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).  
\_\_\_\_\_  
b. Other names used at any time (including aliases). None
3. a. Are you a citizen of the United States? Yes  
b. Are you a citizen of any other country, if so, what country?
4. Affiant's Occupation or Profession. CPA
5. Affiant's business address. 4010 W. Boy Scout Blvd., Ste. 800, Tampa, Florida 33607  
Business telephone. 813-983-7709

Applicant Name Sagikor Life Insurance Company

NAIC No. 60445  
FEIN: 74-1915841

6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Brigham Young University</u>	<u>Provo, UT</u>	<u>8/88 – 5/92</u>	<u>BS of Accountancy</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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(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.)

7. 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>AICPA</u>		<u>1211 Avenue of the Americas, New York, New York 10036-8775</u>	<u>(212) 596-6200</u>
<u>ASCPA</u>		<u>2120 N. Central Ave., Ste. 100, Phoenix, Arizona 85004</u>	<u>(602) 252-4144</u>

8. Present or proposed position with the applicant entity. Chief Operating Officer, Chief Financial Officer and Treasurer

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 8/99 - present Employers' Name Sagikor Life Insurance Company

Address 4343 N. Scottsdale Rd., Suite 300 City Scottsdale State/Province Arizona

Country USA Postal Code 85251 Phone (480) 425-5100 Offices/Positions Held Vice President, Chief Accounting Officer, Senior Vice President, Chief Financial Officer, Chief Operating Officer, Treasurer, Director

Fax (480) 425-5150 Supervisor / Contact Dodridge Miller, President

Beginning/Ending

Dates (MM/YY) 6/92 - 7/99 Employers' Name PricewaterhouseCoopers

Address 500 Campus Drive City Florham Park State/Province New Jersey

Country USA Postal Code 07932 Phone (973) 236-7000 Offices/Positions Held Staff Accountant, Senior Associate, Manager, Senior Manager

Fax (973) 236-7200 Supervisor / Contact James Harrington, Partner

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445  
FEIN: 74-1915841

10. a. Have you ever been in a position which required a fidelity bond? 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? If yes, give details. No
11. 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. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Arizona State Board of Accountancy Address 3877 N. Seventh Street, Suite 106

City Phoenix State/Province Arizona Country USA Postal Code 85014

License Type CPA License # 9306E Date Issued (MM/YY) 06/95

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) \_\_\_\_\_

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

12. 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? 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? 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? No
  - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
  - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? 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? 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? No
  - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? No
  - j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

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

13. 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, 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. \_\_\_\_\_

14. 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. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. No

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

\_\_\_\_\_

Applicant Name Sagcor Life Insurance Company

NAIC No. 60445  
FEIN: 74-1915841

15. Have you ever been adjudged a bankrupt? No If yes, provide details \_\_\_\_\_
16. 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? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? 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? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of February, at Scottsdale, Arizona 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)

February 16, 2012  
Date

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Lisa Anne Keller  
Notary Public  
Lisa Anne Keller  
Printed Notary Name  
June 25, 2013  
My Commission Expires

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445  
FEIN: 74-1915841

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental 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).

**Sagicor Life Insurance Company**  
900 Congress Avenue, Ste. 300; Austin, TX 78701  
480-425-5100

1. a. Affiant's Full Name (Initials Not Acceptable). Bart Ferrell Catmull  
b. Maiden Name (if applicable) \_\_\_\_\_
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen \_\_\_\_\_
4. Foreign Student ID# (if applicable) \_\_\_\_\_
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Mountain Home  
State/Province Idaho Country USA
6. Name of Affiant's Spouse (if applicable) Jana Denise Catmull
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>7/11 – present</u>	<u>[REDACTED]</u>	<u>Odessa</u>	<u>Florida</u>	<u>USA</u>	<u>33556</u>
<u>7/99 – 7/11</u>	<u>[REDACTED]</u>	<u>Gilbert</u>	<u>Arizona</u>	<u>USA</u>	<u>85234</u>

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

Dated and signed this 16<sup>th</sup> day of February at Scottsdale, Arizona 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)

February 16, 2012  
Date

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Lisa Anne Keller  
Notary Public  
Lisa Anne Keller  
Printed Notary Name  
June 25, 2013  
My Commission Expires

Applicant Name Sagcor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

**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 Sagcor Life Insurance Company ("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 Catherine Hauck, VP of Human Resources, Sagcor Life Insurance Company, 4343 N. Scottsdale Rd, Ste. 300, Scottsdale, Arizona, 85251, phone number - 480-425-5100.

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.

Bart Ferrell Catmull, [REDACTED] Odessa, Florida 33556  
(Printed Full Name and Residence Address)

[Handwritten Signature]  
(Signature)

February 16, 2012  
(Date)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



LisaAnne Keller  
Notary Public  
LisaAnne Keller  
Printed Notary Name  
June 25, 2013  
My Commission Expires

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

**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 Sagicor Life Insurance Company ("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 Catherine Hauck, VP of Human Resources, Sagicor Life Insurance Company, 4343 N. Scottsdale Rd, Ste. 300, Scottsdale, Arizona, 85251, phone number - 480-425-5100.

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.

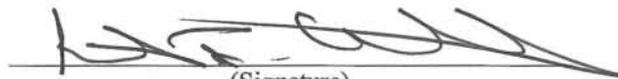
By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**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.

Bart Ferrell Catmull, [REDACTED] Odessa, Florida 33556

  
(Signature)

February 16, 2012  
(Date)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



LisaAnne Keller  
Notary Public  
LisaAnne Keller  
Printed Notary Name  
June 25, 2013  
My Commission Expires

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445  
FEIN: 74-1915841

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)**

This Disclosure and Authorization is provided to you in connection with a pending application of Sagicor Life Insurance Company ("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 **Owens Online, Inc., 6501 N. Himes Ave., Suite 104, Tampa, FL 33614; Phone (813) 877-2008.** ("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 Catherine Hauck, VP of Human Resources, Sagicor Life Insurance Company, 4343 N. Scottsdale Rd, Ste. 300, Scottsdale, Arizona, 85251, phone number - 480-425-5100.

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.

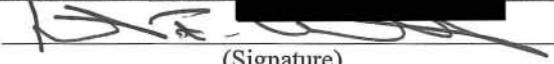
Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also 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.

**Bart Ferrell Catmull** [REDACTED] **Odessa, Florida 33556**

  
(Signature)

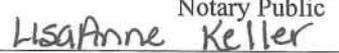
**February 16, 2012**  
(Date)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by **Bart Ferrell Catmull**, and

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

[SEAL]

  
Notary Public  
  
Printed Notary Name  
**June 25, 2013**  
My Commission Expires

**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):

**PEMCO Life Insurance Company  
701 Fifth Avenue  
Suite 3600  
Seattle, WA 98104**

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. a. Affiant's Full Name (Initials Not Acceptable). Bart Ferrell Catmull  
b. Maiden Name (if applicable). \_\_\_\_\_
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).  
\_\_\_\_\_
- b. Other names used at any time (including aliases). None
3. a. Are you a citizen of the United States? Yes  
b. Are you a citizen of any other country, if so, what country?
4. Affiant's Occupation or Profession. CPA
5. Affiant's business address. 4010 W. Boy Scout Blvd., Ste. 800, Tampa, Florida 33607  
Business telephone. 813-983-7709

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Brigham Young University</u>	<u>Provo, UT</u>	<u>8/88 - 5/92</u>	<u>BS of Accountancy</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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(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.)

7. 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>AICPA</u>		<u>1211 Avenue of the Americas, New York, New York 10036-8775</u>	<u>(212) 596-6200</u>
<u>ASCPA</u>		<u>2120 N. Central Ave., Ste. 100, Phoenix, Arizona 85004</u>	<u>(602) 252-4144</u>

8. Present or proposed position with the applicant entity. Chief Financial Officer and Treasurer and Director

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 8/99 - present Employers' Name Sagicor Life Insurance Company

Address 4343 N. Scottsdale Rd., Suite 300 City Scottsdale State/Province Arizona

Country USA Postal Code 85251 Phone (480) 425-5100 Offices/Positions Held Vice President, Chief Accounting Officer, Senior Vice President, Chief Financial Officer, Chief Operating Officer, Treasurer, Director

Fax (480) 425-5150 Supervisor / Contact Dodridge Miller, President

Beginning/Ending

Dates (MM/YY) 6/92 - 7/99 Employers' Name PricewaterhouseCoopers

Address 500 Campus Drive City Florham Park State/Province New Jersey

Country USA Postal Code 07932 Phone (973) 236-7000 Offices/Positions Held Staff Accountant, Senior Associate, Manager, Senior Manager

Fax (973) 236-7200 Supervisor / Contact James Harrington, Partner

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

10. a. Have you ever been in a position which required a fidelity bond? 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? If yes, give details. No
11. 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. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Arizona State Board of Accountancy Address 3877 N. Seventh Street, Suite 106

City Phoenix State/Province Arizona Country USA Postal Code 85014

License Type CPA License # 9306E Date Issued (MM/YY) 06/95

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) \_\_\_\_\_

12. 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? 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? 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? No
  - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
  - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? 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? 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? No
  - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? No
  - j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

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

13. 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, 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. \_\_\_\_\_

14. 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. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. No

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

15. Have you ever been adjudged a bankrupt? No If yes, provide details
16. 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? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? 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? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of February, at Scottsdale, Arizona 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)

February 16, 2012  
Date

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL.]



Lisa Anne Keller  
Notary Public  
Lisa Anne Keller  
Printed Notary Name  
June 25, 2013  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental 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).

**PEMCO Life Insurance Company**  
**701 Fifth Avenue**  
**Suite 3600**  
**Seattle, WA 98104**

1. a. Affiant's Full Name (Initials Not Acceptable). Bart Ferrell Catmull  
b. Maiden Name (if applicable) \_\_\_\_\_
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen \_\_\_\_\_
4. Foreign Student ID# (if applicable) \_\_\_\_\_
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Mountain Home  
State/Province Idaho Country USA
6. Name of Affiant's Spouse (if applicable) Jana Denise Catmull
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>7/11 – present</u>	<span style="background-color: black; color: black;">[REDACTED]</span>	<u>Odessa</u>	<u>Florida</u>	<u>USA</u>	<u>33556</u>
<u>7/99 – 7/11</u>	<span style="background-color: black; color: black;">[REDACTED]</span>	<u>Gilbert</u>	<u>Arizona</u>	<u>USA</u>	<u>85234</u>

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

Dated and signed this 16<sup>th</sup> day of February at Scottsdale, Arizona 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.

[Handwritten Signature]  
(Signature of Affiant)

February 16, 2012  
Date

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



LisaAnne Keller

Notary Public

LISAAnne Keller

Printed Notary Name

June 25, 2013

My Commission Expires

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

**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 Sagicor Life Insurance Company ("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 Catherine Hauck, VP of Human Resources, Sagicor Life Insurance Company, 4343 N. Scottsdale Rd, Ste. 300, Scottsdale, Arizona, 85251, phone number – 480-425-5100.

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.

Bart Ferrell Catmull, [Redacted] Odessa, Florida 33556  
(Printed Full Name and Residence Address)

[Handwritten Signature]  
(Signature)

February 16, 2012  
(Date)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Lisa Anne Keller  
Notary Public  
LISAPANNE KELLER  
Printed Notary Name  
June 25, 2013  
My Commission Expires

**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 Sagicor Life Insurance Company ("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 Catherine Hauck, VP of Human Resources, Sagicor Life Insurance Company, 4343 N. Scottsdale Rd, Ste. 300, Scottsdale, Arizona, 85251, phone number - 480-425-5100.

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.

Bart Ferrell Catmull, [REDACTED] Odessa, Florida 33556

[Signature]  
(Signature)

February 16, 2012  
(Date)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Lisa Anne Keller  
Notary Public  
Lisa Anne Keller  
Printed Notary Name  
June 25, 2013  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)**

This Disclosure and Authorization is provided to you in connection with a pending application of Sagicor Life Insurance Company ("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 **Owens Online, Inc., 6501 N. Himes Ave., Suite 104, Tampa, FL 33614; Phone (813) 877-2008.** ("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 Catherine Hauck, VP of Human Resources, Sagicor Life Insurance Company, 4343 N. Scottsdale Rd, Ste. 300, Scottsdale, Arizona, 85251, phone number - 480-425-5100.

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.

Bart Ferrell Catmull, [Redacted] Odessa, Florida 33556

[Signature]  
(Signature)

February 16, 2012  
(Date)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February by Bart Ferrell Catmull, and

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

[SEAL]



Lisa Anne Keller  
Notary Public  
Lisa Anne Keller  
Printed Notary Name  
June 25, 2013  
My Commission Expires



# AMERICAN BUREAU OF INVESTIGATION, INC.

License #1001967

Phone: (602) 257-1977

Fax: (602) 275-8835

P.O. Box 15740

Phoenix, AZ 85060-5740

March 3, 2012

Sagicor Life Insurance Company  
4343 N. Scottsdale Road #300  
Scottsdale, AZ 85251

ATTN: MARITZA POTTINGER

## EMPLOYMENT BACKGROUND SCREENING

for

Bart Ferrell Catmull

Date Of Birth: [REDACTED]

Social Security Number: [REDACTED]

### HILLSBORO COUNTY, FLORIDA

### MARICOPA COUNTY, ARIZONA

#### CRIMINAL (Felony)

No history found in the upper court records accessed for an individual bearing this name and identifiers.

#### CRIMINAL (Misdemeanor)

Research in the counties of residence for criminal violations in the past seven years for this Subject reflected no entries.

#### DRIVER HISTORY

Florida operator license #C35406667108-0. Issue Date: 07/27/2011, expiration date: 03/28/2020 Status: Clear record reported.

#### WARRANTS

This name was submitted for outstanding warrants and the results indicated that there were none for this subject.

**\*\*\*END REPORT\*\*\***

*This background is based solely on information provided by the Client. In compliance with Federal guidelines, this information is from 2005 to present. American Bureau of Investigation, Inc. is not responsible for court errors, and omissions.*

Status : Completed  
Investigation Type : County Criminal  
Refnum : SAG  
Name : CATMULL, BART F  
SSN : ██████████  
Date of Birth : ██████████  
City : ODESSA  
County : HILLSBOROUGH  
State : Florida - FL  
Entry Date : 03/01/12 9:48 AM  
Complete Date : 03/02/12 11:05 AM  
Has Record?   
File Number :  
Court : CIRCUIT/COUNTY  
Index Name :  
Index SSN :  
Index DOB :  
Other ID :  
Case Number :  
Charge Level :  
Date Filed :  
Counts :  
Charges :  
Disposition :  
Disposition Date :  
Sentence :  
Sentence Date :  
File Identifiers :  
Search Dates : 03/02/2005 - 03/02/2012  
Memo :

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Host Used: Online  
Rec Type: THREE YEAR  
Period: THREE YEAR

Bill Code: 23  
Reference:  
License: C354066671080

Name: CATMULL, BART FERRELL  
Address:  
City, St:  
As of:

Sex: Weight:  
Eyes: Height:  
Hair: DOB: Age:  
Iss Date: 07/27/2011  
Exp Date: 03/28/2020

Year License First Issued: 07/27/2011

STATUS: VALID  
ELIGIBLE

Violations/Convictions Failures To Appear Accidents  
\*\*\* NONE TO REPORT \*\*\*

Suspensions/Revocations  
\*\*\* NO ACTIVITY \*\*\*

License and Permit Information

License: PERSONAL Issue: 07/27/2011 Expires: 03/28/2020 Status: VALID  
Class: E REGULAR OPERATOR  
License Status Explanation: ELIGIBLE  
Restriction: CORRECTIVE LENSES

Miscellaneous State Data

PREVIOUS LICENSE: D02527613 STATE: ARIZONA  
NO ENTRY WITHIN THE PAST 3 YEARS AGAINST RECORD IN ABOVE NAME  
MISC: EXAMS VISION=1 ROAD SIGN=1 ROAD RULES=1 DRIVING=1  
MISC: EXAMS MCYCLE RULES=0 MCYCLE SKILL=0  
\*\* BLOCK PERSONAL INFORMATION \*\*  
\*\* BLOCK FOR MAILING LIST \*\*  
\*\* THIS PERSON HAS A DIGITAL IMAGE \*\*  
\*\* THIS PERSON HAS A REAL ID \*\*

END OF REPORT FOR CATMULL, BART FERRELL

(CONTROL NUMBER: 2KSUMJ)