

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

**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**

1. Affiant's Full Name (Initials Not Acceptable). Bernard Robert Gaffney

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

b. Are you a citizen of any other country, if so, what country? \_\_\_\_\_

3. Affiant's Occupation or Profession. Senior Vice President, Investments

4. Affiant's business address. 900 Congress Avenue Suite 300, Austin, TX 78701

Business telephone. 480-425-5100

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 Notre Dame</u>	<u>Notre Dame, IN</u>	<u>8/1985-5/1989</u>	<u>BBA in Finance</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Indiana University</u>	<u>Bloomington, IN</u>	<u>9/1992-5/1994</u>	<u>MBA in Finance</u>	

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>CFA Institute</u>	<u>Charlottesville, VA</u>		<u>Chartered Financial Analyst</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.)

Applicant Name (Company) PE/MCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

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>
CFA Institute		Charlottesville, VA	800-247-8132
CFA Tampa Bay		Tampa, FL	

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

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

Beginning/Ending  
 Dates (MM/YY) 2/99 - Present Employer's Name Sagicor Life Insurance Company  
 Address 900 Congress Ave. City Austin State/Province TX  
 Country USA Postal Code 78701 Phone 480-425-5100 Offices/Positions Held Senior VP, Investments  
 Supervisor / Contact Bart Catmull

Beginning/Ending  
 Dates (MM/YY) 4/97 - 1/99 Employer's Name Conseco Capital Management  
 Address 11825 N. Pennsylvania Street City Carmel State/Province Indiana  
 Country USA Postal Code 46032 Phone 317-817-6100 Offices/Positions Held Senior Inv. Analyst  
 Supervisor / Contact Nolan Smith

Beginning/Ending  
 Dates (MM/YY) 5/94 - 4/97 Employer's Name Anthem Inc.  
 Address 120 Monument Circle City Indianapolis State/Province Indiana  
 Country USA Postal Code 46204 Phone 317-488-6800 Offices/Positions Held Senior Inv. Analyst  
 Supervisor / Contact Lee Livermore

Beginning/Ending  
 Dates (MM/YY) 8/91 - 8/92 Employer's Name United Community Housing Coalition  
 Address 220 Bagley Street City Detroit State/Province Michigan  
 Country USA Postal Code 48216 Phone 313-963-3310 Offices/Positions Held Counselor  
 Supervisor / Contact Ted Phillips

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9. 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

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: CFA Institute Address 560 Ray C. Hunt Drive

City Charlottesville State/Province Virginia Country USA Postal Code 22903

License Type Chartered Financial Analyst License # 242673 Date Issued (MM/YY) 9/98

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? 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? \_\_\_\_\_

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.

No

- 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, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NA

If any of the stock is pledged or hypothecated in any way, give details. NA

- 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. 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.

NA

14. Have you ever been adjudged a bankrupt? 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? 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? \_\_\_\_\_

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 16<sup>th</sup> day of February 2012 at \_\_\_\_\_ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

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.

Berard Gaffney  
(Signature of Affiant)

State of Florida County of: Hillsborough

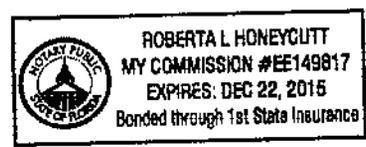
The foregoing instrument was acknowledged before me this 16 day of Feb, 20 12 By

B Gaffney, and:

who is personally known to me, or

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
My Commission Expires



Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

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>
08/2007- present	[REDACTED]	Clearwater	Florida	USA	33759
10/1997-08/2007	[REDACTED]	Indianapolis	Indiana	USA	46208

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 16<sup>th</sup> day of February, 2012, at Sagicor Life 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.

Barnd Gaffney  
(Signature of Affiant)

State of Florida \_\_\_\_\_ County of Hillsborough \_\_\_\_\_

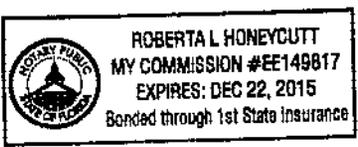
The foregoing instrument was acknowledged before me this 16 day of February, 2012, By

B. Gaffney, and:

who is personally known to me, or

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
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 Sagieor 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 Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 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.

Bernard Robert Gaffney Clearwater, Florida 33759  
(Printed Full Name and Residence Address)

Bernard Gaffney  
(Signature)

12/16/12  
(Date)

State of Florida \_\_\_\_\_ County of Hillsborough \_\_\_\_\_

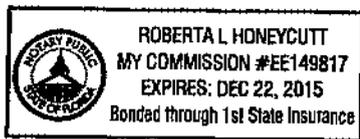
The foregoing instrument was acknowledged before me this 16 day of February, 2012 By

B. Gaffney, and

who is personally known to me, or

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
My Commission Expires

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

**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 Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 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.  
Bernard Robert Gaffney Clearwater, Florida 33759

(Printed Full Name and Residence Address)

Bernard Gaffney  
(Signature)

2/16/12  
(Date)

State of Florida \_\_\_\_\_ County of Hillsborough \_\_\_\_\_

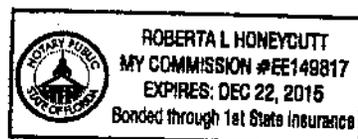
The foregoing instrument was acknowledged before me this 16 day of February, 2012 By

B Gaffney, and

who is personally known to me, or

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
My Commission Expires

Applicant Name (Company) PL MCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

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

This Disclosure and Authorization is provided to you in connection with a pending application of **Sagecor 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 **Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100** ("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 Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 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.

Bernard Robert Gaffney Clearwater, Florida 33759  
(Printed Full Name and Residence Address)

Bernard Gaffney  
(Signature)

2/16/12  
(Date)

State of Florida \_\_\_\_\_ County of Hillsborough \_\_\_\_\_

The foregoing instrument was acknowledged before me this 16 day of February, 2012 By

B. Gaffney, and

who is personally known to me, or

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

[SEAL]

Robert J. Hernandez  
Notary Public  
Robert J. Hernandez  
Printed Notary Name  
12/22/2015  
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

Bernard R. Gaffney

Date Of Birth: [REDACTED]

Social Security Number: [REDACTED]

### PINELLAS COUNTY, FLORIDA

### MARION COUNTY, INDIANA

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 #G15009667005-0. Issue Date: 09/12/2007, expiration date: 01/05/2014 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 : GAFFNEY, BERNARD R  
SSN : [REDACTED]  
Date of Birth : [REDACTED]  
City : CLEARWATER  
County : PINELLAS  
State : Florida - FL  
Entry Date : 03/01/12 7:18 AM  
Complete Date : 03/01/12 12:49 PM  
Has Record?  No  
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 : 03/01/2005 - 03/01/2012  
Memo :

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Status : Completed  
Investigation Type : County Criminal  
Refnum : SAG  
Name : GAFFNEY, BERNARD R  
SSN : [REDACTED]  
Date of Birth : [REDACTED]  
City : INDIANAPOLIS  
County : MARION  
State : Indiana - IN  
Entry Date : 03/01/12 7:19 AM  
Complete Date : 03/01/12 1:02 PM

Has Record? **No**

File Number :  
Court : CIRCUIT/SUPERIOR  
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 : 03/01/2005 - 03/01/2012  
Memo :

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

Bill Code: 23  
Reference: SAG  
License: G150096670050

Name: GAFFNEY, BERNARD R  
Address:  
City, St:  
As of:

Sex: Weight:  
Eyes: Height:  
Hair: DOB: Age:  
Iss Date: 09/12/2007  
Exp Date: 01/05/2014

Year License First Issued: 09/12/2007

STATUS: VALID  
ELIGIBLE**Violations/Convictions Failures To Appear Accidents**

\*\*\* NONE TO REPORT \*\*\*

**Suspensions/Revocations**

\*\*\* NO ACTIVITY \*\*\*

**License and Permit Information**

License: PERSONAL Issue: 09/12/2007 Expire: 01/05/2014 Status: VALID  
Class: E REGULAR OPERATOR  
License Status Explanation: ELIGIBLE  
Restriction: CORRECTIVE LENSES

**Miscellaneous State Data**

PREVIOUS LICENSE: 0130265160 STATE: INDIANA  
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 \*\*

END OF REPORT FOR GAFFNEY, BERNARD R

(CONTROL NUMBER: 2KSPH0)

Applicant Name (Company) Sagikor 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).

**Sagikor Life Insurance Company  
900 Congress Avenue  
Suite 300  
Austin, TX 78701**

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). Bernard Robert Gaffney
- 2. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country, if so, what country? \_\_\_\_\_
- 3. Affiant's Occupation or Profession. Chief Investments Officer
- 4. Affiant's business address. 900 Congress Avenue Suite 300, Austin, TX 78701
- Business telephone. 480-425-5100

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 Notre Dame</u>	<u>Notre Dame, IN</u>	<u>8/1985-5/1989</u>	<u>BBA in Finance</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Indiana University</u>	<u>Bloomington, IN</u>	<u>9/1992-5/1994</u>	<u>MBA in Finance</u>	

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>CFA Institute</u>	<u>Charlottesville, VA</u>		<u>Chartered Financial Analyst</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.)

Applicant Name (Company) Sagicor Life Insurance Company

NAIC No. 60445  
FEIN: 74-1915841

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>CFA Institute</u>		<u>Charlottesville, VA</u>	<u>800-247-8132</u>
<u>CFA Tampa Bay</u>		<u>Tampa, FL</u>	

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

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

Beginning/Ending Dates (MM/YY) 2/99 - Present \_\_\_ Employer's Name Sagicor Life Insurance Company  
Address 900 Congress Ave City Austin State/Province TX  
Country USA Postal Code 78701 Phone 480-425-5100 Offices/Positions Held Senior VP, Investments  
Supervisor / Contact Bart Catmull

Beginning/Ending Dates (MM/YY) 4/97 - 1/99 Employer's Name Conseco Capital Management  
Address 11825 N. Pennsylvania Street City Carmel State/Province Indiana  
Country USA Postal Code 46032 Phone 317-817-6100 Offices/Positions Held Senior Inv. Analyst  
Supervisor / Contact Nolan Smith

Beginning/Ending Dates (MM/YY) 5/94 - 4/97 Employer's Name Anthem Inc.  
Address 120 Monument Circle City Indianapolis State/Province Indiana  
Country USA Postal Code 46204 Phone 317-488-6800 Offices/Positions Held Senior Inv. Analyst  
Supervisor / Contact Lee Livermore

Beginning/Ending Dates (MM/YY) 8/91 - 8/92 Employer's Name United Community Housing Coalition  
Address 220 Bagley Street City Detroit State/Province Michigan  
Country USA Postal Code 48216 Phone 313-963-3310 Offices/Positions Held Counselor  
Supervisor / Contact Ted Phillips

Applicant Name (Company) Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

9. 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

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: CFA Institute Address 560 Ray C. Hunt Drive

City Charlottesville State/Province Virginia Country USA Postal Code 22903

License Type Chartered Financial Analyst License # 242673 Date Issued (MM/YY) 9/98

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?  
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? \_\_\_\_\_

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.

No

- 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, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NA

If any of the stock is pledged or hypothecated in any way, give details. NA

- 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. 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.

NA

Applicant Name (Company) Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

14. Have you ever been adjudged a bankrupt? 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? 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? \_\_\_\_\_

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 16<sup>th</sup> day of February 2012 at \_\_\_\_\_ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Beard Goffey  
(Signature of Affiant)

State of Florida \_\_\_\_\_ County of: Hillsborough

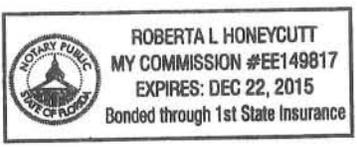
The foregoing instrument was acknowledged before me this 16 day of February, 2012 By

B. Bassmy, and:

who is personally known to me, or

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state 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**  
**Suite 300**  
**Austin, TX 78701**

1. Affiant's Full Name (Initials Not Acceptable). Bernard Robert Gaffney
2. Have you ever used any other name including nickname, maiden name or aliases?      If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
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_____ - _____	_____	_____
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_____ - _____	_____	_____
_____ - _____	_____	_____

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

3. Affiant's Social Security Number
4. Government Identification Number if not a U.S. Citizen
5. Foreign Student ID# (if applicable)
6. Date of Birth: (MM/DD/YY)                      Place of Birth: City Montclair  
State/Province New Jersey Country USA
7. Name of Affiant's Spouse (if applicable) Laura Burns Gaffney

Applicant Name (Company) Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

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

Beginning/Ending

<u>Dates</u> (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>08/2007- present</u>	<u>[REDACTED]</u>	<u>Clearwater</u>	<u>Florida</u>	<u>USA</u>	<u>33759</u>
<u>10/1997-08/2007</u>	<u>[REDACTED]</u>	<u>Indianapolis</u>	<u>Indiana</u>	<u>USA</u>	<u>46208</u>

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 16<sup>th</sup> day of February, 2012 at Sagicor Life 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.

Bernard Gaffney  
(Signature of Affiant)

State of Florida County of Hillsborough

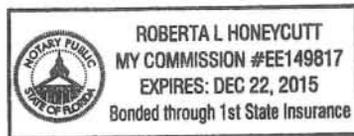
The foregoing instrument was acknowledged before me this 16 day of February, 2012 By

B Gaffney, and:

who is personally known to me, or

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
My Commission Expires

**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 Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 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.

Bernard Robert Gaffney Clearwater, Florida 33759  
(Printed Full Name and Residence Address)

Bernard Gaffney  
(Signature)

2-16-12  
(Date)

State of Florida \_\_\_\_\_ County of Hillsborough \_\_\_\_\_

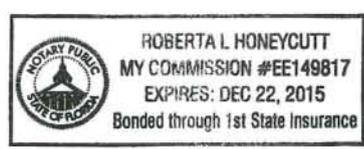
The foregoing instrument was acknowledged before me this 16 day of February, 2012 \_\_\_\_\_ By

B. Gaffney, and

who is personally known to me, or

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
My Commission Expires

Applicant Name (Company) Sagikor 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 **Sagikor 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 Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 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.  
Bernard Robert Gaffney Clearwater, Florida 33759

(Printed Full Name and Residence Address)

Bernard Gaffney  
(Signature)

2-16-12  
(Date)

State of Florida \_\_\_\_\_ County of Hillsborough \_\_\_\_\_

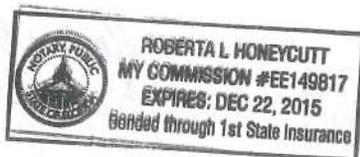
The foregoing instrument was acknowledged before me this 16 day of February, 2012 By

B Gaffney, and

who is personally known to me, or

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
My Commission Expires

Applicant Name (Company) 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 **Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100** ("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 Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 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.

Bernard Robert Gaffney Clearwater, Florida 33759  
(Printed Full Name and Residence Address)

Bernard Gaffney  
(Signature)

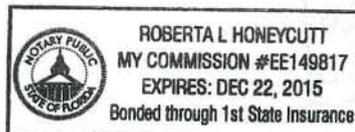
2-16-12  
(Date)

State of Florida \_\_\_\_\_ County of Hillsborough \_\_\_\_\_

The foregoing instrument was acknowledged before me this 16 day of February, 2012 By B. Gaffney, and

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

[SEAL]



Roberta L Honeycutt  
Notary Public  
Roberta L Honeycutt  
Printed Notary Name  
12/22/2015  
My Commission Expires