

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. Affiant's Full Name (Initials Not Acceptable). SANDRA KATHLEEN OSBORNE
- 2. a. Are you a citizen of the United States? NO
- b. Are you a citizen of any other country, if so, what country? BARBADOS
- 3. Affiant's Occupation or Profession. ATTORNEY-AT-LAW
- 4. Affiant's business address. SAGICOR FINANCIAL CORPORATION, CECIL F DE CAIRES BUILDING,
WILDEY, ST MICHAEL, BARBADOS
- Business telephone. 246-467-7514

5. Education and Training:

| <u>College/ University</u> | <u>City/ State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------------|---------------------|-------------------------------|-------------------------|
| UNIVERSITY OF THE WEST INDIES, | KINGSTON, JAMAICA | 1970-1973 | BSc Hons - Pol. Science |
| UNIVERSITY OF THE WEST INDIES, | CAVE HILL, BARBADOS | 1973-1976 | LLB Hons |

| <u>Graduate Studies:</u> | <u>College/ University</u> | <u>City/ State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---|----------------------------|--------------------|-------------------------------|--------------------------|
| HUGH WOODING LAW SCHOOL, | ST AUGUSTINE, TRINIDAD | | 1976-1978 | Cert. of Legal Education |
| INSTITUTE OF CHARTERED SECRETARIES & ADMINISTRATORS | | | 2001 | FCIS |

| <u>Other Training: Name</u> | <u>City/ State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|--------------------|-------------------------------|--------------------------------------|
| KELLOGG GRAD SCHOOL OF MGT, | EVANSTON, IL | 1991 | Exec. Development Program |

(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.)

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> |
|------------------------------------|---------------------|--|--|
| BARBADOS BAR ASSOCIATION | | "LEETON", PERRY GAP, ROEBUCK STREET, BRIDGETOWN, BARBADOS | (246) 437-7316 |
| ICSA CHARTERED SECRETARIES CANADA | | 202 - 300 MARCH ROAD OTTAWA, ONTARIO K2K 2E2, CANADA | (613) 595-1151 |
| INTERNATIONAL BAR ASSOCIATION | | 10 TH FLOOR, 1 STEPHEN STREET, LONDON W1T 1AT, UNITED KINGDOM | 44 (0) 207691-6868 |

7. Present or proposed position with the applicant entity. CORPORATE SECRETARY

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

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

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

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

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

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

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

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

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

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. NOT APPLICABLE

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 REGISTRAR OF SUPREME COURT Address SUPREME COURT

City BRIDGETOWN State/Province _____ Country BARBADOS Postal Code _____

License Type PRACTISING CERT License # _____ Date Issued (MM/YY) NOVEMBER 1978

Date Expired (MM/YY) ANNUAL RENEWAL 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? 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.

NOT APPLICABLE

- 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. NONE

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

NOT APPLICABLE

- 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. _____

NOT APPLICABLE

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

14. Have you ever been adjudged a bankrupt? NO If yes, provide details NOT APPLICABLE

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)?

YES. ON FEBRUARY 9, 2010 THE FINANCIAL SERVICES COMMISSION OF TURKS AND CAICOS ISLANDS (TCI) ORDERED THAT SAGICOR CAPITAL LIFE INSURANCE CO LTD CEASE TO WRITE NEW BUSINESS IN THE TERRITORY UNTIL IT WAS IN FULL COMPLIANCE WITH THE TCI COMPANIES ACT. THE CESSATION ORDER WAS LIFTED ON APRIL 9, 2010 AFTER THE COMPANY BECAME FULLY COMPLIANT

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 12 day of MAR 2012 at SAGICOR 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.

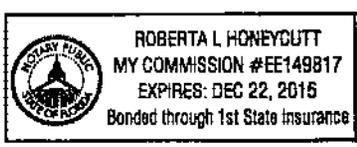
Sandra
(Signature of Affiant)

State of Florida County of: Hillsborough

The foregoing instrument was acknowledged before me this 12 day of MAR, 2012 By S Osborne, 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
12/22/15
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).

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

1. Affiant's Full Name (Initials Not Acceptable). SANDRA KATHLEEN OSBORNE
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 Date(s) Used (MM/YY)</u> | <u>Name(s)</u> | <u>Reason (If None, indicate such)</u> |
|--|--|--|
| <u>12-29-79 TO PRESENT</u> | <u>SANDRA KATHLEEN OSBORNE BURGESS</u> | <u>MARRIAGE</u> |
| <u> - - </u> | <u> </u> | <u> </u> |
| <u> - - </u> | <u> </u> | <u> </u> |
| <u> - - </u> | <u> </u> | <u> </u> |
| <u> - - </u> | <u> </u> | <u> </u> |
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| <u> - - </u> | <u> </u> | <u> </u> |

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

3. Affiant's Social Security Number
4. Government Identification Number if not a U.S. Citizen BARBADOS
5. Foreign Student ID# (if applicable) NOT APPLICABLE
6. Date of Birth: (MM/DD/YY) Place of Birth: City BRIDGETOWN
State/Province Country BARBADOS
7. Name of Affiant's Spouse (if applicable) ANDREW DEREK BURGESS

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:

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>1986-DATE</u> |  | <u>ST MICHAEL</u> | | <u>BARBADOS</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 12 day of MARCH, 2012 at SAGUICOR 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.

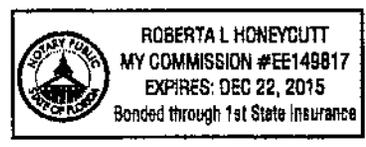
Sandra
(Signature of Affiant)

State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 12 day of MAR, 2012 By SOSBORNE, 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
12/22/15
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.

SANDRA KATHLEEN OSBORNE, [REDACTED] ST MICHAEL, BARBADOS

(Printed Full Name and Residence Address)

Sandra K Osborne

(Signature)

3-12-12

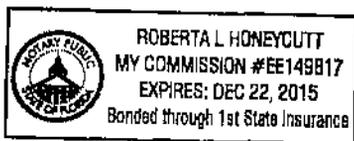
(Date)

State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 12 day of MAR 2012 By S Osborne, 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
12/22/15
 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.

SANDRA KATHLEEN OSBORNE, [REDACTED] ST MICHAEL, BARBADOS

(Printed Full Name and Residence Address)

Sandra
(Signature)

3-12-12
(Date)

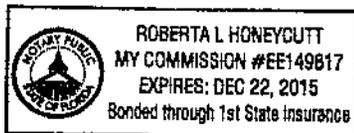
State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 12 day of MAR, 2012 By S Osborne, 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
12/22/15
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 **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.

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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.

SANDRA KATHLEEN OSBORNE, [REDACTED] ST MICHAEL, BARBADOS

(Printed Full Name and Residence Address)

Sandra

(Signature)

3-12-12

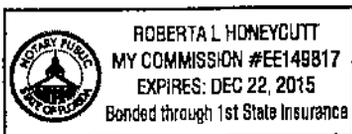
(Date)

State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 12 day of MAR 20 12 By S Osborne, 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

12/22/15
My Commission Expires

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

ATTACHED:

Beginning/Ending

Dates (MM/YY) 2011 TO PRESENT Employer's Name BARBADOS ASSOCIATION OF RETIRED PERSONS INC

Address COLLYMORE ROCK City ST MICHAEL State/Province _____

Country BARBADOS Postal Code _____ Phone _____ Offices/Positions Held DIRECTOR, SECRETARY

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2010 TO PRESENT Employer's Name SAGICOR CAYMAN REINSURANCE

Address P O BOX 309 GT City GERMANTOWN State/Province GRAND CAYMAN

Country CAYMAN ISL Postal Code _____ Phone _____ Offices/Positions Held CORP SECRETARY

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2008 TO PRESENT Employer's Name BARBADOS FARMS LIMITED

Address CECIL F DE CAIRES BUILDING City ST MICHAEL State/Province _____

Country BARBADOS Postal Code _____ Phone 246-467-7500 Offices/Positions Held CORP SECRETARY

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2008 TO PRESENT Employer's Name SAGICOR USA

Address 4010 BOY SCOUT BLVD City TAMPA State/Province FLORIDA

Country USA Postal Code 33607 Phone _____ Offices/Positions Held CORP SECRETARY
EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2007 TO PRESENT Employer's Name SAGICOR EUROPE LIMITED

Address SOUTH CHURCH STREET City GEORGETOWN State/Province GRAND CAYMAN

Country CAYMAN ISL Postal Code _____ Phone _____ Offices/Positions Held CORP SECRETARY

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2006 TO PRESENT Employer's Name SAGICOR FINANCE LIMITED

Address SOUTH CHURCH STREET City GEORGETOWN State/Province GRAND CAYMAN

Country CAYMAN ISL Postal Code _____ Phone _____ Offices/Positions Held CORP SECRETARY

Supervisor / Contact _____

Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803

FEIN: 91-6032372

Beginning/Ending

Dates (MM/YY) 2006 TO PRESENT Employer's Name SAGICOR ALL NATION INSURANCE COMPANY

Address 1201 NORTH ORANGE STREET City WILMINGTON State/Province DELAWARE

Country USA Postal Code _____ Phone _____ Offices/Positions Held DIRECTOR

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2006 TO PRESENT Employer's Name SAGICOR LIFE INSURANCE COMPANY

Address 900 CONGRESS AVENUE City AUSTIN State/Province TEXAS

Country USA Postal Code 78701 Phone _____ Offices/Positions Held CORP SECRETARY

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2006 TO PRESENT Employer's Name LAUREL LIFE INSURANCE COMPANY

Address 900 CONGRESS AVENUE City AUSTIN State/Province TEXAS

Country USA Postal Code 78701 Phone _____ Offices/Positions Held CORP SECRETARY

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2005 TO PRESENT Employer's Name FAMGUARD CORPORATION LIMITED

Address EAST BAY STREET City NASSAU State/Province _____

Country BAHAMAS Postal Code _____ Phone _____ Offices/Positions Held DIRECTOR

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2005 TO PRESENT Employer's Name FAMILY GUARDIAN INSURANCE COMPANY

Address EAST BAY STREET City NASSAU State/Province _____

Country BAHAMAS Postal Code _____ Phone _____ Offices/Positions Held DIRECTOR

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 2004 TO PRESENT Employer's Name SAGICOR PANAMA S A

Address AVENUE SAMUEL LEWIS City _____ State/Province _____

Country PANAMA Postal Code _____ Phone _____ Offices/Positions Held CORP SECRETARY

Supervisor / Contact _____

Applicant Name (Company) **PEMCO Life Insurance Company**

NAIC No. **71803**

FEIN: **91-6032372**

Beginning/Ending

Dates (MM/YY) **2002 TO PRESENT** Employer's Name **SAGICOR FINANCIAL CORPORATION**

Address **CECIL F DE CAIRES BUILDING** City **ST MICHAEL** State/Province _____

Country **BARBADOS** Postal Code _____ Phone _____ Offices/Positions Held **DIRECTOR**

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) **2001 TO PRESENT** Employer's Name **BARBADOS TENNIS ASSOCIATON INC**

Address **GARFIELD SOBERS COMPLEX** City **ST MICHAEL** State/Province _____

Country **BARBADOS** Postal Code _____ Phone _____ Offices/Positions Held **DIRECTOR**

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) **1991 -02-2008** Employer's Name **BARBADOS SHIPPING & TRADING COMPANY LIMITED**

Address **THE AUTODOME, WARRENS** City **ST MICHAEL** State/Province _____

Country **BARBADOS** Postal Code _____ Phone _____ Offices/Positions Held **DIRECTOR**

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) **1991-1996** Employer's Name **ST GABRIELS MANAGEMENT INC**

Address **LOWER COLLYMORE ROCK** City **ST MICHAEL** State/Province _____

Country **BARBADOS** Postal Code _____ Phone _____ Offices/Positions Held **DIRECTOR**

Supervisor / Contact _____

Dates (MM/YY) **04/1989 TO PRESENT** Employer's Name **SAGICOR LIFE INC (FORMERLY BARBADOS MUTUAL LIFE ASSURANCE SOCIETY)**

Address **CECIL F DE CAIRES BUILDING** City **ST MICHAEL** State/Province _____

Country **BARBADOS** Postal Code _____ Phone _____ Offices/Positions Held **EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL & SECRETARY**

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) **04/1989 TO PRESENT** Employer's Name **SAGICOR CAPITAL LIFE INSURANCE COMPANY LIMITED**

Address **CECIL F DE CAIRES BUILDING** City **ST MICHAEL** State/Province _____

Country **BARBADOS** Postal Code _____ Phone _____ Offices/Positions Held **EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL & SECRETARY**

Supervisor / Contact _____

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
901 Congress Avenue
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). SANDRA KATHLEEN OSBORNE
b. Maiden Name (if applicable). OSBORNE
2. a. Have you ever had your name changed? NO If yes, give the reason for the change and provide the full name(s).
NOT APPLICABLE

b. Other names used at any time (including aliases).
SANDRA KATHLEEN OSBORNE BURGESS

3. a. Are you a citizen of the United States? NO
b. Are you a citizen of any other country, if so, what country? BARBADOS
4. Affiant's Occupation or Profession. ATTORNEY-AT-LAW
5. Affiant's business address. SAGICOR FINANCIAL CORPORATION, CECIL F DE CAIRES BUILDING, WILDEY, ST MICHAEL, BARBADOS
Business telephone. 246-467-7514

Applicant Name Sagicor 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>UNIVERSITY OF THE WEST INDIES, KINGSTON, JAMAICA</u> | | <u>1970-1973</u> | <u>BSc Hons- Pol. Science</u> |
| <u>UNIVERSITY OF THE WEST INDIES, CAVE HILL, BARBADOS</u> | | <u>1973-1976</u> | <u>LLB Hons</u> |

| <u>Graduate Studies:</u> | <u>College/ University</u> | <u>City/ State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------|---|--------------------|-------------------------------|---------------------------------|
| | <u>HUGH WOODING LAW SCHOOL, ST AUGUSTINE, TRINIDAD</u> | | <u>1976-1978</u> | <u>Cert. of Legal Education</u> |
| | <u>INSTITUTE OF CHARTERS SECRETARIES & ADMINISTRATORS</u> | | <u>2001</u> | <u>FCIS</u> |

| <u>Other Training: Name</u> | <u>City/ State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|---|--------------------|-------------------------------|--------------------------------------|
| <u>KELLOGG GRAD SCHOOL OF MGT, EVANSTON, IL</u> | | <u>1991</u> | <u>Exec. Development Program</u> |

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

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>BARBADOS BAR ASSOCIATION</u> | | <u>"LEETON", PERRY GAP, ROEBUCK STREET, BRIDGETOWN, BARBADOS</u> | <u>(246) 437-7316</u> |
| <u>ICSA CHARTERED SECRETARIES CANADA</u> | | <u>202 - 300 MARCH ROAD, OTTAWA, ONTARIO K2K 2E2, CANADA</u> | <u>(613) 595-1151</u> |
| <u>INTERNATIONAL BAR ASSOCIATION</u> | | <u>10TH FLOOR, 1 STEPHEN STREET, LONDON W1T 1AT, UNITED KINGDOM</u> | <u>44 (0) 207691-6868</u> |

8. Present or proposed position with the applicant entity. CORPORATE SECRETARY

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. **PLEASE SEE ATTACHED**

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. **NOT APPLICABLE**

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.

Applicant Name Sagicor Life Insurance Company NAIC No. 60445
 FEIN: 74-1915841
 Organization/Issuer of License REGISTRAR OF SUPREME COURT Address SUPREME COURT
 City BRIDGETOWN State/Province _____ Country BARBADOS Postal Code _____
 License Type PRACTISING CERT License # _____ Date Issued (MM/YY) NOVEMBER 1978
ANNUAL
 Date Expired (MM/YY) RENEWAL 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

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

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.

NOT APPLICABLE

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.

NOT APPLICABLE

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. **NOT APPLICABLE**

15. Have you ever been adjudged a bankrupt? **NO** If yes, provide details **NOT APPLICABLE**
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)? **YES. ON FEBRUARY 9, 2010, THE FINANCIAL SERVICES COMMISSION OF TURKS & CAICOS ISLANDS (TCI) ORDERED THAT SAGICOR CAPITAL LIFE INSURANCE CO LTD CEASE TO WRITE NEW BUSINESS IN THE TERRITORY UNTIL IT WAS IN FULL COMPLIANCE WITH THE TCI COMPANIES ACT. THE CESSATION ORDER WS LIFTED ON APRIL 9, 2010 AFTER THE COMPANY BECAME FULLY COMPLIANT.**
- 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.

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

Dated and signed this 1st day of December, 2011 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.

Sandrah
(Signature of Affiant)

December 1, 2011
Date

State of Florida County of Hillsborough

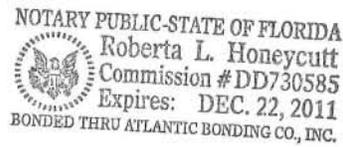
The foregoing instrument was acknowledged before me this 1st day of December, 2011 By

Sandra Osborne, 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
12/22/11
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

901 CONGRESS AVENUE

AUSTIN, TX 78701

1. a. Affiant's Full Name (Initials Not Acceptable). SANDRA KATHLEEN OSBORNE
- b. Maiden Name (if applicable) OSBORNE
2. Affiant's Social Security Number NOT APPLICABLE
3. Government Identification Number if not a U.S. Citizen BARBADOS # [REDACTED]
4. Foreign Student ID# (if applicable) NOT APPLICABLE
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City BRIDGETOWN
State/Province _____ Country BARBADOS
6. Name of Affiant's Spouse (if applicable) ANDREW DEREK BURGESS
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

| DATES | ADDRESS | CITY, COUNTY, STATE | TELEPHONE |
|-------------|------------|-----------------------|--------------|
| 1986 - DATE | [REDACTED] | ST. MICHAEL, BARBADOS | 246 424 3196 |
| | | | |
| | | | |
| | | | |

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

Dated and signed this 1st day of December, 2011 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.

Sandra

(Signature of Affiant)

December 1, 2011

Date

State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 1st day of December, 2011 By Sandra Osborne, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

NOTARY PUBLIC-STATE OF FLORIDA
Roberta L. Honeycutt
Commission #DD730585
Expires: DEC. 22, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Roberta L Honeycutt

Notary Public

Roberta L Honeycutt

Printed Notary Name

12/22/11

My Commission Expires

Applicant Name Sagicor 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 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, HR Director, 4343 N. Scottsdale Rd, 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.

SANDRA KATHLEEN OSBORNE [REDACTED] ST MICHAEL, BARBADOS

(Printed Full Name and Residence Address)

Sandra

(Signature)

December 1, 2011

(Date)

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me this 1st day of December 2011

By Sandra Osborne, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

NOTARY PUBLIC-STATE OF FLORIDA
Roberta L. Honeycutt
Commission # DD730585
Expires: DEC. 22, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Roberta L Honeycutt
Notary Public

Roberta L Honeycutt
Printed Notary Name

12/22/11
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, HR Director, 4343 N. Scottsdale Rd, 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.

SANDRA KATHLEEN OSBORNE [REDACTED] ST MICHAEL, BARBADOS

(Printed Full Name and Residence Address)

Sandra

(Signature)

December 1, 2011

(Date)

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me this 1st day of Dec, 2011

By S Osborne, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

NOTARY PUBLIC-STATE OF FLORIDA
Roberta L. Honeycutt
Commission # DD730585
Expires: DEC. 22, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Roberta L Honeycutt

Notary Public

Roberta L Honeycutt

Printed Notary Name

12/22/11

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 Catherine Hauck, HR Director, 4343 N. Scottsdale Rd, 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, HR Director, 4343 N. Scottsdale Rd, 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.

SANDRA KATHLEEN OSBORNE [REDACTED] ST MICHAEL, BARBADOS

(Printed Full Name and Residence Address)

Sandra
(Signature)

December 1, 2011
(Date)

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me this 1st day of December, 2011 By S Osborne, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

NOTARY PUBLIC-STATE OF FLORIDA
Roberta L. Honeycutt
Commission # DD730585
Expires: DEC. 22, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Roberta L Honeycutt
Notary Public
Roberta L Honeycutt
Printed Notary Name
12/22/11
My Commission Expires

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

ATTACHMENT

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.

| DATE | EMPLOYER & ADDRESS | TITLES |
|--------------------|---|--|
| 2011 – PRESENT | BARBADOS ASSOCIATION OF RETIRED PERSONS INC COLLYMORE ROCK, ST MICHAEL, BARBADOS | DIRECTOR, SECRETARY |
| 2010 - PRESENT | SAGICOR CAYMAN REINSURANCE LIMITED C/O MESSRS MAPLES & CALDER P O BOX 309 GT, UGLAND HOUSE, SOUTH CHURCHY STREET, GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS | CORPORATE SECRETARY |
| 2008 - PRESENT | BARBADOS FARMS LIMITED CECIL F DE CAIRES BUILDING, WILDEY, MICHAEL, BARBADOS 246 467 7500 | CORPORATE SECRETARY |
| 2008-PRESENT | SAGICOR USA, INC | CORPORATE SECRETARY EXECUTIVE VICE PRESIDENT GENERAL COUNSEL |
| 2007 - PRESENT | SAGICOR EUROPE LIMITED C/O MESSRS MAPLES & CALDER P O BOX 309 GT, UGLAND HOUSE, SOUTH CHURCHY STREET, GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS | CORPORATE SECRETARY |
| 2006 - PRESENT | SAGICOR FINANCE LIMITED C/O MESSRS MAPLES & CALDER P O BOX 309 CT, UGLAND HOUSE, SOUTH CHURCHY STREET, GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS | CORPORATE SECRETARY |
| 12/31/06 – PRESENT | SAGICOR ALLNATION INSURANCE COMPANY DELAWARE, USA 813 287 1602 | DIRECTOR |
| 09/12/06-PRESENT | SAGICOR LIFE INSURANCE COMPANY 4343 N. SCOTTSDALE ROAD, SUITE 300 SCOTTSDALE, AZ 85251 | CORPORATE SECRETARY (09/12/08 - PRESENT) DIRECTOR (09/12/06 - 09/12/08) |
| 09/12/06-PRESENT | LAUREL LIFE INSURANCE COMPANY 901 CONGRESS AVE. AUSTIN, TX 78701 | CORPORATE SECRETARY (09/12/08 - PRESENT)- PRESENT) DIRECTOR (09/12/06 - 09/12/08) |
| 12/2005 – PRESENT | FAMGUARD CORPORATION LIMITED EAST BAY STREET, NASSAU, BAHAMAS 242 396 4100 | DIRECTOR |
| 12/2005 – PRESENT | FAMILY GUARDIAN INSURANCE COMPANY LIMITED EAST BAY STREET, NASSAU, BAHAMAS 242 396 4100 | DIRECTOR |
| 2004 - PRESENT | SAGICOR PANAMA S A, AVE SAMUEL LEWIS Y CALLE SANTA RITA EDIFICIO PLAZA OBARRIO, APARTADO 832- 1299 WTC, PANAMA | CORPORATE SECRETARY |
| 12/2002 – PRESENT | SAGICOR FINANCIAL CORPORATION CECIL F DE CAIRES BUILDING, WILDEY, MICHAEL, BARBADOS 246 467 7500 | EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL & SECRETARY |
| 2001 – PRESENT | BARBADOS TENNIS ASSOCIATION INC GARFIELD SOBERS SPORTS COMPLEX, WILDEY, ST MICHAEL, BARBADOS | DIRECTOR |

Applicant Name Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

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| | (NON PROFIT COMPANY) 246 427 5300 | |
| 1991 – 02/2008 | BARBADOS SHIPPING & TRADING COMPANY LIMITED THE AUTODOME, WARRENS, ST MICHAEL, BARBADOS 246 417 5000 | DIRECTOR |
| 1991 – 1996 | ST GABRIEL'S MANAGEMENT INC LOWER COLLYMORE ROCK, ST MICHAEL, BARBADOS (NON PROFIT COMPANY) 246 436 6078 | DIRECTOR |
| 04/1989-PRESENT | SAGICOR LIFE INC (FORMERLY BARBADOS MUTUAL LIFE ASSUARANCE SOCIETY) CECIL F DE CAIRES BUILDING, WILDEY, MICHAEL, BARBADOS 246 467 7500 | EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL AND SECRETARY |
| 04/89 - PRESENT | SAGICOR CAPITAL LIFE INSURANCE COMPANY LIMITED CECIL F DE CAIRES BUILDING, WILDEY, MICHAEL, BARBADOS 246 467 7500 | EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL AND SECRETARY |
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