

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**

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). BEVERLY A. SISSON
- 2. a. Are you a citizen of the United States? YES
- b. Are you a citizen of any other country, if so, what country? NO
- 3. Affiant's Occupation or Profession. PRESIDENT & OWNER
- 4. Affiant's business address. 306 SOUTH STATE STREET, DOVER, DE 19901
- Business telephone. 302-678-8787
- 5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>TEMPLE UNIVERSITY HOSPITAL-SCHOOL OF NURSING</u>	<u></u>	<u>9/1/64-9/1/67</u>	<u>DIPLOMA</u>

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

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>HIGH SCHOOL DIPLOMA</u>	<u>LAUREL, DE</u>	<u>1952-1964</u>	<u>HIGH SCHOOL DIPLOMA</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.)

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>

7. Present or proposed position with the applicant entity. DIRECTOR

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) _____ - PRESENT Employer's Name SAGICOR LIFE INSURANCE COMPANY

Address 4010 BOY SCOUT BLVD _____ City TAMPA _____ State/Province FL _____

Country USA _____ Postal Code 33607 _____ Phone _____ Offices/Positions Held DIRECTOR _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - PRESENT Employer's Name LAUREL LIFE INSURANCE COMPANY

Address 4010 BOY SCOUT BLVD _____ City TAMPA _____ State/Province FL _____

Country USA _____ Postal Code 33607 _____ Phone _____ Offices/Positions Held DIRECTOR _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) 2002 _____ - 2005 _____ **PRESENT owner - self-employed** Employer's Name BIIM INSURANCE SERVICES AND GOVT RELATIONS

Address _____ City _____ State/Province DE _____

Country USA _____ Postal Code _____ Phone _____ Offices/Positions Held PRESIDENT/OWNER _____

Supervisor / Contact SELF _____

Beginning/Ending Dates (MM/YY) 1993 _____ - 2002 _____ Employer's Name THE BAYARD FIRM

Address _____ City WILMINGTON _____ State/Province DE _____

Country USA _____ Postal Code 19801 _____ Phone 302-655-5000 _____ Offices/Positions Held LOBBYIST _____

Supervisor / Contact WILLIAM CAMPBELL 302-791-0252 _____

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 STATE OF DELAWARE _____

City DOVER _____ State/Province DE _____ Country USA _____ Postal Code 19901 _____

License Type BUSINESS _____ License # 2004211243 _____ Date Issued (MM/YY) RENEWED 1/12 _____

Date Expired (MM/YY) Reason for Termination CURRENT _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License PROFESSIONAL NURSE (RN) Address _____

City _____ State/Province PA, FL, DE _____ Country USA _____ Postal Code _____

License Type REGISTERED NURSE License # UNKNOWN _____ Date Issued (MM/YY) 1968-1982 _____

Date Expired (MM/YY) 1982 _____ Reason for Termination UNKNOWN _____

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.

- 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

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). BEVERLY A. SISSON _____
2. Have you ever used any other name including nickname, maiden name or aliases? YES ___ 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>
_____ - _____	MOYER _____	FIRST MARRIAGE _____
_____ - _____	BENSON _____	MAIDEN NAME _____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

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

3. Affiant's Social Security Number [REDACTED] _____
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) NOT APPLICABLE _____
6. Date of Birth: (MM/DD/YY) [REDACTED] _____ Place of Birth: City SALISBURY _____
State/Province MD _____ Country USA _____
7. Name of Affiant's Spouse (if applicable) DECEASED _____

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>
07/09-PRESENT	[REDACTED]	DOVER	DE	USA	19904
1989-07/09	[REDACTED]	DOVER	DE	USA	19904

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 28 day of Feb, 2012 at Sagicoe 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.

Robert Sisson
(Signature of Affiant)

State of Florida County of Hillsborough

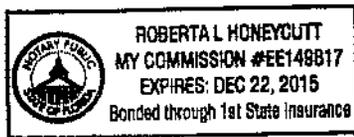
The foregoing instrument was acknowledged before me this 28th day of Feb, 2012 By

B Sisson, 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.
BEVERLY SISSON [REDACTED] DOVER, DE 19904

(Printed Full Name and Residence Address)

Beverly Sisson
(Signature)

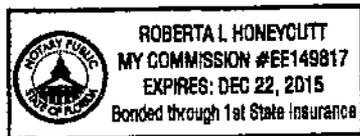
2-28-12
(Date)

State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 28th day of Feb 20 12 By B. Sisson, 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.

BEVERLY SISSON [REDACTED] DOVER, DE 19904

(Printed Full Name and Residence Address)

Beverly Sisson
(Signature)

2-28-12
(Date)

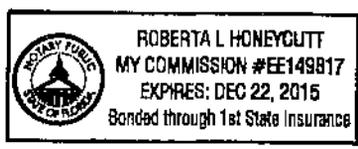
State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 28th day of Feb, 2012 By

B Sisson, 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.

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.

BEVERLY SISSON [REDACTED] DOVER, DE 19904
(Printed Full Name and Residence Address)

Beverly Sisson
(Signature)

2-28-12
(Date)

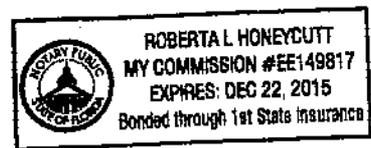
State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 29th day of Feb, 2012 By

B Sisson, 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



AMERICAN BUREAU OF INVESTIGATION, INC.

License #1001967

Phone: (602) 257-1977

Fax: (602) 275-8835

P.O. Box 15740

Phoenix, AZ 85060-5740

March 9, 2012

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

ATTN: MARITZA POTTINGER

EMPLOYMENT BACKGROUND SCREENING

for

Beverly B. Sisson

Date Of Birth: [REDACTED]

Social Security Number: [REDACTED]

KENT COUNTY, DELAWARE

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 Delaware operator license #280802. Issue Date: 04/07/2009, expiration date: 04/09/2014 Status: speeding 30 mph in 25 mph zone.

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 : SISSON, BEVERLY B

SSN : [REDACTED]

Date of Birth : [REDACTED]

City : DOVER

County : KENT

State : Delaware - DE

Entry Date : 03/08/12 9:08 AM

Complete Date : 03/08/12 10:18 AM

Has Record?

No

File Number :

Court : SUPERIOR/Common Pleas

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 : 03/08/2005 - 03/08/2012

Memo :

Host Used: Online
Rec Type: THREE YEAR

Bill Code: 66
Reference: SAG
License: 0280802

Name: SISSON, BEVERLY B
Address:
City, St:
As of:

Sex: Weight: DOB: Age:
Eyes: Height: Iss Date: 04/07/2009
Hair: Exp Date: 04/09/2014

STATUS: VALID

Violations/Convictions Failures To Appear Accidents

TYPE VIOL	CONV	ACD	AVD	V/C	DESCRIPTION	SPEED	LOCATION/TICKET	ACCIDENT PT
VIOL 09/14/2010	09/17/2010	S93	SA01	4169A2	SPEEDING	30/25	DOVER/T501009677	-

Suspensions/Revocations

*** NO ACTIVITY ***

License and Permit Information

License: PERSONAL Issue: 04/07/2009 Expire: 04/09/2014 Status: VALID
Class: D OPERATOR

Miscellaneous State Data

TOTAL STATE POINTS: 0

04/07/2009 IMAGE ON FILE

END OF REPORT FOR SISSON, BEVERLY B

(CONTROL NUMBER: 2I.0WLZ)

Applicant Name (Company) Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

**Sagicor Life Insurance Company
900 Congress 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). BEVERLY A. SISSON _____
2. a. Are you a citizen of the United States? YES _____
 b. Are you a citizen of any other country, if so, what country? NO _____
3. Affiant's Occupation or Profession. PRESIDENT & OWNER _____
4. Affiant's business address. 306 SOUTH STATE STREET, DOVER, DE 19901 _____
 Business telephone. 302-678-8787 _____
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
TEMPLE UNIVERSITY HOSPITAL-SCHOOL OF NURSING		9/1/64-9/1/67	DIPLOMA	
<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
REGISTERED NURSE				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
HIGH SCHOOL DIPLOMA	LAUREL, DE	1952-9164	HIGH SCHOOL DIPLOMA

(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>

7. Present or proposed position with the applicant entity. DIRECTOR _____

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) _____ - PRESENT Employer's Name SAGICOR LIFE INSURANCE COMPANY _____

Address 4010 BOY SCOUT BLVD _____ City TAMPA _____ State/Province FL _____

Country USA _____ Postal Code 33607 _____ Phone _____ Offices/Positions Held DIRECTOR _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - PRESENT Employer's Name LAUREL LIFE INSURANCE COMPANY _____

Address 4010 BOY SCOUT BLVD _____ City TAMPA _____ State/Province FL _____

Country USA _____ Postal Code 33607 _____ Phone _____ Offices/Positions Held DIRECTOR _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) 2002 _____ - 2005 _____ **PRESENT - Self employed (owner)** Employer's Name BHM INSURANCE SERVICES AND GOVT RELATIONS _____

Address _____ City _____ State/Province DE _____

Country USA _____ Postal Code _____ Phone _____ Offices/Positions Held PRESIDENT/OWNER _____

Supervisor / Contact SELF _____

Beginning/Ending Dates (MM/YY) 1993 _____ - 2002 _____ Employer's Name THE BAYARD FIRM _____

Address _____ City WILMINGTON _____ State/Province DE _____

Country USA _____ Postal Code 19801 _____ Phone 302-655-5000 _____ Offices/Positions Held LOBBYIST _____

Supervisor / Contact WILLIAM CAMPBELL 302-791-0252 _____

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 STATE OF DELAWARE _____

City DOVER _____ State/Province DE _____ Country USA _____ Postal Code 19901 _____

License Type BUSINESS _____ License # 2004211243 _____ Date Issued (MM/YY) RENEWED 1/12 _____

Date Expired (MM/YY) Reason for Termination CURRENT _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License PROFESSIONAL NURSE (RN) Address _____

City _____ State/Province PA, FL, DE _____ Country USA _____ Postal Code _____

License Type REGISTERED NURSE License # UNKNOWN _____ Date Issued (MM/YY) 1968-1982 _____

Date Expired (MM/YY) 1982 _____ Reason for Termination CHANGED CAREERS _____

Non-insurance Regulatory Phone Number (if known) UNKNOWN _____

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.

- 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) Sagicor Life Insurance Company

NAIC No. 60445

FEIN: 74-1915841

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)? NO _____

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO _____

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

Dated and signed this 28 day of FEB 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.

Beverly Sisson
(Signature of Affiant)

State of Florida County of: Hillsborough

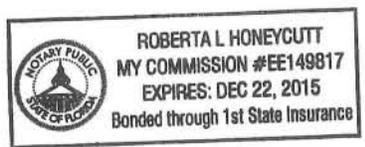
The foregoing instrument was acknowledged before me this 28th day of Feb, 2012 By

B Sisson, 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

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

- Affiant's Full Name (Initials Not Acceptable). BEVERLY A. SISSON _____
- Have you ever used any other name including nickname, maiden name or aliases? YES ____ 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>
_____ - _____	MOYER _____	FIRST MARRIAGE _____
_____ - _____	BENSON _____	MAIDEN NAME _____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

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.

- Affiant's Social Security Number [REDACTED] _____
- Government Identification Number if not a U.S. Citizen _____
- Foreign Student ID# (if applicable) NOT APPLICABLE _____
- Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City SALISBURY _____
State/Province MD _____ Country USA _____
- Name of Affiant's Spouse (if applicable) DECEASED _____

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

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
JULY 2009-PRESENT	[REDACTED]	DOVER,	DE	USA	19904
1989-JULY 2009	[REDACTED]	DOVER	DE	USA	19904

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 28 day of Feb, 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.

Beverly Sisson
(Signature of Affiant)

State of Florida County of Hillsborough

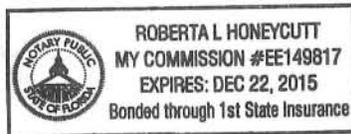
The foregoing instrument was acknowledged before me this 28th day of Feb, 2012 By

B Sisson, 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

My Commission Expires

Applicant Name (Company) 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, 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.

BEVERLY SISSON [REDACTED] DOVER, DE 19904
(Printed Full Name and Residence Address)

Beverly Sisson
(Signature)

2/28/12
(Date)

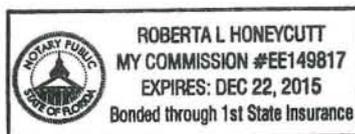
State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 28th day of Feb 20 12 By B Sisson, 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 (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.
BEVERLY SISSON [REDACTED] DOVER, DE 19904

(Printed Full Name and Residence Address)

Beverly Sisson
(Signature)

2/28/12
(Date)

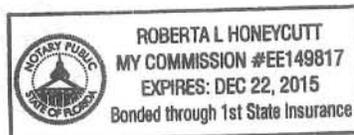
State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 28th day of Feb, 20 12 By B Sisson, 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) 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.

BEVERLY SISSON [REDACTED] DOVER, DE 19904
(Printed Full Name and Residence Address)

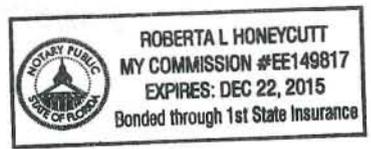
Beverly Sisson (Signature) 2/28/12 (Date)

State of Florida County of Hillsborough

The foregoing instrument was acknowledged before me this 28th day of Feb, 20 12 By B Sisson, 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