Biographical Affidavits

COMMONWEALTH INSURANCE COMPANY OF AMERICA

ITEM 13

BIOGRAPHICAL AFFIDAVITS

	TAB
John J. Bator	A
Nicholas C. Bentley	В
Nina L. Caroselli	c
Frank J. DeMaria	
Henry W. Edmiston	E
Richard J. Fabian	F
James K. Kelly	G
V Prom Watsa	Н

		*	
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		•	The state of the s
	•		

Applicant Name (Company):	Commonwealth Insurance Company
	of America

NAIC No.	10220	
FEIN:	91-1673817	

BIOGRAPHICAL AFFIDAVIT

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

			(Print or Typ)e)		
		telephone number of the proup Names)				cal statement is being
-	•	Company of America,				NH 03101
					,	
			,			<u> </u>
hereina	fter set forth, (A	above-named entity, I I ttach addendum or separa "NONE," SO STATE.				
1.	Affiant's Full N	Name (Initials Not Accepta	able): First: John	Middle:_Jose	eph Last:	Bator
2.	a. Are yo	ou a citizen of the United S	States?			
	Yes [X No				
	b. Are yo	u a citizen of any other co	ountry?			
	Yes [No X				
	If yes,	what country? N/A	1			
3.	Affiant's occup	ation or profession: Ch	ief Financial Office	r / Treasurer		
4.	Affiant's busine	ess address: 250 Comm	ercial Street, Suite	5000, Manchester,	NH 03101	
	Business teleph	one: 603-656-2200	Busin	ess Email: john_b	oator@trg.com	
5.	Education and t	raining:				
College	/University	City/State	<u>!</u>	Dates Attended (MM/YY)	Degree Obtained
Univers	ity of Hartford	Connecticu	ut	1982-1986		B.S.
Graduat	te Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	raining; Name	City/State	Dates Attended			ertification Obtained
Vharton	Business School	Pennsylvania	09/05-1	0/05	Advanceq	Management Program
Note:		ed a foreign school, plea: vide the foreign student In nformation.				
		~		No res	ultsf	DURWised 04/16/13 FORM 11
©2000-2	2013 National Asso	ciation of Insurance Commis	ssioners 1	to alon	1 will	FORM 11
				TI 1101	1009	C/A
					RIKS	11/14

Applicant Name (C	ompany): See Page	One	_ NAIC No FEIN:	See Page One See Page One
6. List of me	mberships in professiona	l societies and associ	ations:	
<u>Nam</u> Society/As		ontact Name	Address of Society/Association	Telephone Number of Society/Association
N	one			
			· • • • • • • • • • • • • • • • • • • •	
7. Present or	proposed position with the	ne applicant entity:	Director, CFO, SVP	
including pofficership necessary to exhibit A (Employme	oresent jobs, positions, p s). Please list the most re to provide telephone nur ent History) and Exhibit	artnerships, owner o ecent first. Attach ad obers and supervisory	(20) years, whether compense f an entity, administrator, man ditional pages if the space pro v information for the past ten (or Positions)	nager, operator, directorat wided is insufficient. It is
Beginning/Ending Dates (MM/YY):_	• F	Employer's Name: _		
Address:		City:	State/Province	e:
Country:	Postal Code:	Phone:	Offices/Positions	Held:
Type of Business:	LIM 30F APEX	Supervis	or/Contact:	
Beginning/Ending Dates (MM/YY):	E	Employer's Name: _		
Address:		City:	State/Province	e;
Country:	Postal Code;	Phone:	Offices/Positions I	Held:
Type of Business:		Supervis	or/Contact:	
Beginning/Ending Dates (MM/YY):	E	Employer's Name: _		
Address:		City:	State/Province	e:
Country:	Postal Code;	Phone:	Offices/Positions I	-feld:
Type of Business:		Supervis	or/Contact:	
Beginning/Ending Dates (MM/YY):_	E	Employer's Name: _		
Address:		City:	State/Province	e:
Country:	Postal Code:	Phone:	Offices/Positions I	Held:
Type of Business:		Supervis	or/Contact:	

Applica	int Name	(Company):	See Page One		NAIC No FEIN: _	See Page One See Page One
9.	a.	Have you eve	r been in a position wh	ich required a fidelity b	ond?	
		Yes	No X			
		If any claims	were made on the bond	i, give details:		
	b.	Have you everevoked?	er been denied an indi			ond, or had a bond canceled or
		Yes	No X			
		If yes, give de	etails:		1	
10.	or gove in the pa the licer number are reas represen	rnmental licens ast. For any non nsing authority is your Social conably identificated by your S the space prov	sing agency or regulatory or regulatory or regulatory body have Security Number (SSN able as your SSN, ther SN. (For example, "Sided is insufficient.	ry authority or licensing issuer, identify and proving jurisdiction over the control of the cont	g authority that vide the name, a ne license (s) iss or any sequence ortion of the pro "1234-SSN" (l	securities) issued by any public you presently hold or have held address and telephone number of ued. If your professional license of more than five numbers that fessional license number that is ast 6 digits)). Attach additional
Organiz	ation/Iss	uer of License:				
City:		State	e/Province:	Country:		Postal Code:
License	Type:		License #:	Date	Issued (MM/Y)	/):
Date Ex	pired (M	M/YY):	Reason f	or Termination:		
Non-Ins	urance R	egulatory Phon	e Number (if known):			
Organiz	ation/Iss	uer of License:		Address:		
City:		State	e/Province:	Country:		Postal Code:
License	Туре:		License #:	Date	Issued (MM/YY	7):
Date Ex	pired (M	M/YY):	Reason f	or Termination:		
Non-Ins	urance R	egulatory Phon	e Number (if known):			
11.				as been sealed or expur may respond "no" to th		fiant has personally verified that e you ever:
	a.			ssional, or vocational li mental licensing agency		by any regulatory authority, or
		Yes	No X			
	b.			or vocational license o ry, or disciplinary actio		ld or have held, been subject to

ilicant Nai	me (Company): See Page One	NAIC No FEIN;	See Page One See Page One
	Yes No X	_	
c.	Been placed on probation or had a fine le license or permit in any judicial, adminis		
	Yes No X		
d.	Been charged with, or indicted for, any c	riminal offense(s) other than civil	traffic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or becoffenses?	en convicted of, any criminal of	fense(s) other than civil traffic
	Yes No X		
f.	Had adjudication of guilt withheld, had a suspended, or been pardoned, fined, or traffic offenses?		
	Yes No X		
a r	Been subject to a cease and desist letter or or administrative, regulatory, or disciplinary active gulating the business of insurance, securioractices in the course of the business of insurance.	ion, from violating any federal, sta ties or banking, or from carrying	te law or law of another country
	Yes No X		
	Been, within the last ten (10) years, a part inancial dispute?	y to any civil action involving d	ishonesty, breach of trust, or a
	Yes No X		
p	Had a finding made by the Comptroller of provisions of small loan laws, banking or truing rule or regulation lawfully made by the C	st company laws, or eredit union	laws, or that you have violated
	Yes No X		
j. F	Had a lien or foreclosure action filed against y	you or any entity while you were a	ssociated with that entity?
-	Yes No X		
	f the response to any question above is yes, Attach a copy of the complaint and filed adjud		

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,

ant Name	(Company): See Page One	NAIC No. FEIN:	See Page One See Page One
holds u	vith the power to vote, or holds proxies representing, ten percer		
	erson. None		ore of the voting securities of any
			
If any c	of the stock is pledged or hypothecated in any way, give details	N/A	
or of re regulate directly	ill] you or members of your immediate family individually or ecord, 10% or more of the outstanding shares of stock of an ory authority, or its affiliates? An "affiliate" of, or person "affi, or indirectly through one or more intermediaries, controls, or e person specified.	y entity subjeiliated" with,	ect to regulation by an insurance a specific person, is a person that
Yes [No X		
	please identify the company or companies in which the cumul standing voting securities. /A	ative stock ho	oldings represent 10% or more of
If any o	f the shares of stock are pledged or hypothecated in any way, a		
Have yo	ou ever been adjudged a bankrupt?		
Yes [No X		
If yes, p	provide details: N/A		
commit	r knowledge has any company or entity for which you we tee member, key management employee or controlling stock ou served in such capacity?	holder, had a	ny of the following events occur
a.	Been refused a permit, license, or certificate of authority blicensing agency?	oy any regula	ttory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority suspended, to any judicial, administrative, regulatory, or disciplinary receivership, conservatorship, federal bankruptcy proceedir similar proceeding)? See Attached Exhibit C	action (incl	uding rehabilitation, liquidation,
	Yes No No		
c.	Been placed on probation or had a fine levied against it cauthority in any civil, criminal, administrative, regulatory, or		
	· · · · · · · · · · · · · · · · · · ·		***************************************

Applicant Name (Company): See Page One	NAIC No	See Page One
	FEIN:	See Page One
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months		
Note: If an affiant has any doubt about the accuracy of an answand an explanation provided.	wer, the question sh	ould be answered in the positive
Dated and signed this 22 w. day of May 20 14 at under penalty of perjury that I am acting on my own behalf and that the fof my knowledge and belief. Signature of Affiant)	Manchester, Ne	w Hampshire I hereby certify s are true and correct to the best
State of: New Hampshire County of: Hillsborough The foregoing instrument was acknowledged before me this 22 day of and:	May , 2014	by John J. Bator ,
who is personally known to me, or who produced the following identification:	•	
[SEAL]	!	Notary Public athryn S. Bachman Printed Notary Name
KATHRYN S BACHMAN NOTARY PUBLIC STATE OF NEW HAMPSHIRE My Commission Expires Jan 13, 2015		nuary 13, 2015 y 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 insurar Full name, address, and telephone number of the present or proposed entity under which required (Do Not Use Group Names). Commonwealth Insurance Company of America, 250 Commercial Street, Suite 1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: Josef IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname Yes No X If yes, give the reason if any, if none indicate such, and provide the full name(s) Beginning/Ending Name(s) Reason Date(s) Used (MM/YY) Specify: First, Middle or Last Name	See Page One
(Print or Type) To the extent permitted by law, this affidavit will be kept confidential by the state insurant Full name, address, and telephone number of the present or proposed entity under which required (Do Not Use Group Names). Commonwealth Insurance Company of America, 250 Commercial Street, Suite 1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: Joseph IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname Yes No X If yes, give the reason if any, if none indicate such, and provide the full name(s) Beginning/Ending Name(s) Reason	
Full name, address, and telephone number of the present or proposed entity under which required (Do Not Use Group Names). Commonwealth Insurance Company of America, 250 Commercial Street, Suited 1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: Joseph IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname. Yes No X If yes, give the reason if any, if none indicate such, and provide the full name(s) Beginning/Ending Name(s) Reason	
Commonwealth Insurance Company of America, 250 Commercial Street, Suite 1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: Joseph IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname Yes No X If yes, give the reason if any, if none indicate such, and provide the full name(s) Beginning/Ending Name(s) Reason	ce regulatory authority.
 Affiant's Full Name (Initials Not Acceptable): First: John Middle: Joseph IF ANSWER IS "NONE," SO STATE. Have you ever used any other name, including first, middle or last name, nickname. Yes No X If yes, give the reason if any, if none indicate such, and provide the full name(s) Beginning/Ending Name(s) 	this biographical statement is being
IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname. Yes No X If yes, give the reason if any, if none indicate such, and provide the full name(s) Beginning/Ending Name(s) Reason.	5000, Manchester, NH 03101
IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname Yes No X If yes, give the reason if any, if none indicate such, and provide the full name(s) Beginning/Ending Name(s) Reason	
Yes No X If yes, give the reason if any, if none indicate such, and provide the full name(s) Beginning/Ending Name(s) Reason	
Beginning/Ending Name(s) Reason	ie, maiden name or aliases?
	and date(s) used.
	(If none, indicate such)
Note: Dates provided in response to this question may be approximate. Parties using the be an overlap of dates when transitioning from one name to another.	

Foreign Student ID# (if applicable) :___

Date of Birth: (MM/DD/YY):

State/Province:___

Government Identification Number if not a U.S. Citizen:

4.

5.

6.

N/A

Place of Birth, City: _____ Country: ____ United States

	company j.	See Page O	ne		NAIC No.		
,					FEIN:	See Page	One
Name of	Affiant's Spot	se (if applic	able) :				
. List your	residences for	the last ten ((10) years starting	g with your curre	ent address, giv	/ing:	
•			`				
Beginning/Ending Dates (MM/YY)	Addre	<u>288</u>	City	State/ <u>Province</u>	<u>C</u>	Country	Postal Code
8/08-present			Bedford	NH		US	
8/01-08/08			Hove			UK	
07/99-08/01			Bedford	NH		US	
understan ated and signed t ertify under penal e best of my kno	d that there exhibits 22 day ty of perjury whedge and be	of May that I am actilief. Affiant)	ting on my own	en transitioning 4 at Manc behalf and that t	from one addr hester, New H	ess to another Hampshire	. I hereby
understan ated and signed t ertify under penal te best of my kno-	that there exhibited that there exhibited and be supported by the support of the	of May that I am actifief. f Affiant) County of	erlap of dates when the control of t	en transitioning 4 at Manc behalf and that the	from one addr hester, New H the foregoing s	ess to another Hampshire statements are	, I hereby
understan lated and signed to the strify under penalities best of my know that of: New Hather foregoing instricts and the stricts and the stricts are strictly and the strictly are strictly and the strictly are strictly and the strictly are strictly as a strictly as a strictly are strictly as a strictly are strictly as a strictly are strictly as a strictly as	that there exhibited that there exhibited and be supported by the support of the	of May that I am actifief. f Affiant) County of	erlap of dates when the control of t	en transitioning 4 at Manc behalf and that the	from one addr hester, New H the foregoing s	ess to another Hampshire statements are	. I hereby e true and correct to
understan Pated and signed the trify under penal the best of my known tate of: New Hatche foregoing institute.	that there exhibited and being the designature of the companies of the com	uld be an over of May that I am active f. If Affiant) County of knowledged	erlap of dates when the control of t	en transitioning 4 at Manc behalf and that the	from one addr hester, New H the foregoing s	ess to another Hampshire statements are	. I hereby e true and correct to
understan Dated and signed t	that there con his 22 day ty of perjury whedge and be mature of ampshire rument was actually known to	uld be an over of May that I am actilief. If Affiant) County of knowledged me, or	ting on my own Hillsborous	en transitioning 4 at Manc behalf and that the	from one addr hester, New H the foregoing s	ess to another Hampshire statements are	. I hereby e true and correct to

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

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

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

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

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

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

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

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

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

John Joseph Bator,	, Bedford,						_	
HAB (Prin	nted Full Name and	<u>Residen</u>	e Addres	3)	5	(Date)		 1
State of: New Hampshire County of	f: Hillsborough							
The foregoing instrument was acknowl John J. Bator ,	edged before me and:	e this a	33<i>m</i>D q	ay of	May	, 20)14	by
oxtimes who is personally known to me, or								
\square who produced the following identification	h:	·						
[SEAL] KATHRYN'S BACI NOTARY PUBL STATE OF NEW HAN My Commission Expires	LIC MPSHIRE			لل	Notai athryn S. B Printed N anuary 13,	otary Name		

Exhibit A

John J. Bator

Employment History

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

Exhibit B

John J. Bator Current U.S. Positions

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

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

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American Safety Indemnity Company Oklahoma domiciled insurer	Director CFO Senior Vice President	10/03/201 10/03/201 10/03/201
4	Treasurer	04/03/201
American Safety Insurance Holdings, Ltd. Bermuda domiciled corporation	Chairman Director	10/03/201 10/03/201
Bermada dominened corporation	Director	10/03/201
American Safety Insurance Services, Inc.	Director	10/03/201
Georgia domiciled corporation	CFO	10/03/201
,	Senior Vice President	10/03/201
American Safety Purchasing Group, Inc.	Director	10/03/2013
Georgia domiciled corporation	CFO	10/03/2013
	Senior Vice President	10/03/201
American Safety Reinsurance, Ltd.	Director	10/03/2013
Georgia domiciled corporation	Vice President	10/04/201
Commonwealth Insurance Company of America	Director	07/24/201
Washington domiciled insurer	CFO	02/04/201
	Senior Vice President	02/04/201
Bluestone Agency, Inc.	Director	10/03/2013
Arizona insurance agency	CFO	10/03/2013
	Senior Vice President	10/03/2013
	Treasurer	04/03/2014
Bluestone Surety, Ltd.	Director	05/01/201
Cayman Islands company		
TIG Insurance (Barbados) Limited	Director	03/27/201
TIG Bermuda Ltd.	Chairman	09/05/200
	Director	09/05/200
	President	09/05/200

Current U.K. Directorships

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

Previous U.K. Directorships

Company	Position Held	Effective Date
RiverStone Stockholm Management AB (alternate to NCB)	Director	dissolved 06/01/2005
ORG Re (UK) Limited	Director	dissolved 10/05/2006
RiverStone Insurance (UK) Limited	Director	2002 to 01/10/2008
RiverStone Management Limited	Director	2002 to 01/10/2008
RiverStone Managing Agency Limited	Director	2003 to 01/10/2008
Sphere Drake Acquisitions (UK) Limited	Director	2002 to 01/10/2008
RiverStone Corporate Capital Limited	Director	2002 to 01/10/2008
Sphere Drake Insurance Limited	Director	2002 to 01/10/2008
Sphere Drake Leasing Limited	Director	2002 to 01/1020/08
LUC Holdings	Director	2006 to 01/10/2008
International Network Holdings	Member of supervisory panel	2006 to 04/29/2009
Terra Nova SAS	President	2005 to 05/19/2009
INSA Insurance Corp (publ)	Deputy Director	2006 to 05/26/2010

Previous U.S. Positions

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

Exhibit C

John J. Bator

Question 15

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

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

			·		
		·			

Applicant Name (Company): _	Commonwealth Insurance Company
	of America

NAIC No.	10220	
FEIN:	91-1673817	

BIOGRAPHICAL AFFIDAVIT

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

			(Print	or Type)			
		and telephone number of se Group Names)				oiographical s	statement is being
	Commonwea	alth Insurance Compa	ny of America, 2	150 Commercia	al Street, Suite 5	000, Manch	ester, NH 03101
hereina	ifter set fo r th	the above-named ent a. (Attach addendum or OR "NONE," SO STA	separate sheet it				
1.	Affiant's F	ull Name (Initials Not A	Acceptable): First:	Nicholas Mi	iddle: Craig	Last:_Ber	ntley
2.	a, A	re you a citizen of the U	nited States?				•
	. Ye	es No X					
	b. A	re you a citizen of any o	ther country?				
	Ye	s X No	<u> </u>				
	If	yes, what country?	Britain				
3.	Affiant's o	ccupation or profession	insurance	Executive			
4.	Affiant's b	usiness address: 250	Commercial Str	eet, Suite 5000), Manchester, N	IH 03101	
	Business te	lephone: 603-656-22	200	Business Email	l:nicholas_	bentley@trg	g.com
5,	Education	and training:					
College	-/University	<u>Cit</u>	y/State	Dates	Attended (MM/Y	<u>(Y)</u>	Degree Obtained
Toyı	nbee Hall	U	К.	~~~			BTEC
Gradua	te Studies	College/Universi	ty <u>City/St</u>	ate <u>Dates</u>	Attended (MM/Y	<u>(Y)</u>	Degree Obtained
Other T	raining: Nan	ne <u>City/State</u>	<u>Dates A</u>	Attended (MM/Y	<u>'Y)</u> <u>I</u>	Degree/Certif	ication Obtained
Note:	applicable,	ttended a foreign schoo provide the foreign statal Information.		on Number in th	e space provided	in the Biog	
©2000-	2013 National	Association of Insurance (Commissioners	NU YES	oults fa 9/8/2019 1/125	erid H	Revised 04/16/13 FORM 11

Applica	ant Name (Comp	eany): See Page	One	NAIC No FEIN: _	See Page One See Page One
6.	List of membe	rships in professiona	l societies and assoc	iations:	
	Name of Society/Associ		ontact Name	Address of Society/Association	Telephone Number of Society/Association
	Non	e			
7.	Present or prop	posed position with the			
8.	including preso officerships). I necessary to pr	ent jobs, positions, p Please list the most re povide telephone num	for the past twenty artnerships, owner of ecent first. Attach achieves and supervisor	(20) years, whether competed an entity, administrator, in diditional pages if the space py information for the past ter	ensated or otherwise (up to nanager, operator, directorate rovided is insufficient. It is o
Beginni	ing/Ending	listory) and Exhibit		•	
Address	s:		City:	State/Provi	nce:
Country	y:	Postal Code:	Phone:	Offices/Position	s Held:
Type of	f Business:		Supervis	sor/Contact:	
Beginni Dates (ing/Ending (MM/YY):	E	Employer's Name: _		
Address	s:		City:	State/Provi	nce:
Country	y:	Postal Code:	Phone:	Offices/Position	s Held:
Type of	f Business:	The state of the s	Supervi	sor/Contact:	
Beginni Dates (ing/Ending (MM/YY):	E	Employer's Name: _		
Address	s:		City:	State/Provir	oce;
Country	y:	Póstal Code:	Phone:	Offices/Position	s Held:
Type of	f Business:		Supervi	sor/Contact:	
	ing/Ending (MM/YY):	F	Employer's Name: _		
Address	s:		City:	State/Provi	nce:
Country	y:	Postal Code:	Phone:	Offices/Position	s Held:
				sor/Contact:	

Applica	ant Name	(Company):	See Page One		NAIC No FEIN: _	See Page One See Page One
9.	a.	Have you ever	been in a position wh	nich required a fidelity b	ond?	
		Yes	No X			
		If any claims v	vere made on the bond	d, give details:N/A		
	b.	Have you eve	r been denied an ind	ividual or position sche	dule fidelity be	ond, or had a bond canceled or
		Yes	No X			
		If yes, give de	ails: N/A			
10.	or gove in the p the lice number are reas represen	ernmental licensiast. For any non- nsing authority of is your Social Soc	ng agency or regulatory insurance regulatory or regulatory body have ecurity Number (SSN ble as your SSN, the N. (For example, "S ded is insufficient.	ory authority or licensing issuer, identify and proving jurisdiction over the little or embeds your SSN on write SSN for that pois SN", "12-SSN-345" or None	g authority that vide the name, a e license (s) iss or any sequence rtion of the pro "1234-SSN" (l	securities) issued by any public you presently hold or have held address and telephone number of ued. If your professional license of more than five numbers that fessional license number that is ast 6 digits)). Attach additional
Organiz	ation/Iss			Address:		
City:		State	Province:	Country:		Postal Code:
License	Type:		License #:	Date I	ssued (MM/Y)	/):
Date Ex	pired (M	M/YY):	Reason f	or Termination:		
Non-Ins	urance R	Legulatory Phone	Number (if known):			
Organiz	ation/Iss	uer of License:		Address:		······································
City:		State	Province:	Country:		Postal Code:
License	Туре:		License #:	Date 1	ssued (MM/Y)	/):
Date Ex	pired (M	M/YY):	Reason f	or Termination:		
Non-Ins	urance R	egulatory Phone	: Number (if known):			
11.				nas been sealed or expun may respond "no" to the		fiant has personally verified that e you ever:
	a.			essional, or vocational li- mental licensing agency		t by any regulatory authority, or
		Yes	No X			
	b.			or vocational license or ory, or disciplinary action		old or have held, been subject to

icant Na	ame (Company): See Page One	NAIC No	See Page One
		FEIN:	See Page One
	Yes No X		
c,	Been placed on probation or had a fine levied agains license or permit in any judicial, administrative, regu		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offe	ense(s) other than civil t	raffic offenses?
	Yes No X		
e,	Pled guilty, or noio contendere, or been convicte offenses?	d of, any criminal of	Pense(s) other than civil traffic
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence in suspended, or been pardoned, fined, or placed on paraffic offenses?		
	Yes No X		
-	Been subject to a cease and desist letter or order, or enjoi administrative, regulatory, or disciplinary action, from vi regulating the business of insurance, securities or band practices in the course of the business of insurance, secur	olating any federal, sta- king, or from carrying	te law or law of another country
	Yes No X		
	Been, within the last ten (10) years, a party to any ci- financial dispute?	vil action involving di	shonesty, breach of trust, or a
	. Yes No X		
	Had a finding made by the Comptroller of any state of provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of	laws, or credit union	laws, or that you have violated
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any e	entity while you were as	sociated with that entity?
	Yes No X		
	If the response to any question above is yes, please prov Attach a copy of the complaint and filed adjudication or s		

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,

Appli	cant Nar	ne (Company): See Page One	NAIC No. FEIN:	See Page One See Page One
		with the power to vote, or holds proxies representing, ten person. None		ore of the voting securities of any
	If any	of the stock is pledged or hypothecated in any way, give	details. N/A	
13.	or of regul	Will] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock atory authority, or its affiliates? An "affiliate" of, or personly, or indirectly through one or more intermediaries, continue the person specified.	of any entity subject on "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
	Yes	No X		
	the or	s, please identify the company or companies in which the utstanding voting securities. N/A		oldings represent 10% or more of
	If any	of the shares of stock are pledged or hypothecated in any	way give details	
	II airy	N/A		
14.	Have	you ever been adjudged a bankrupt?		
	Yes	No X		
	If ves	, provide details: N/A		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
15.	comm	our knowledge has any company or entity for which y nittee member, key management employee or controlling you served in such capacity?		
	а.	Been refused a permit, license, or certificate of auth licensing agency?	ority by any regula	tory authority, or governmental-
		Yes No X		
	ъ.	Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy pro similar proceeding)? See Attached Exhibit 0	olinary action (included)	iding rehabilitation, liquidation,
		Yes No No		
	c.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulate		
		Yes No See Attached Exhibit	it C	

Applicant Name (Company): See Page One	NAIC No.	See Page One	
	FEIN:	See Page One	
If the answer to any of the above is yes, please indicate and give de affiant should also include any events within twelve (12) months after			
Note: If an affiant has any doubt about the accuracy of an answer, and an explanation provided.	, the question sh	nould be answered in the positive	
Dated and signed this <u>13 R0</u> day of <u>May</u> 20 <u>14</u> at <u>N</u> under penalty of perjury that I am acting on my own behalf and that the fore of my knowledge and behicf (Signature of Affiant)	Manchester, Ne	ew Hampshire I hereby certify its are true and correct to the best	
State of: New Hampshire County of: Hillsborough The foregoing instrument was acknowledged before me this 33 day of Marand:	y, 20 <u>14</u>	by <u>Nicholas C. Bentley</u> ,	
who is personally known to me, or			
who produced the following identification:	•		
[SEAL]	Ka	Notary Public thryn S. Bachman Printed Notary Name	
KATHITYN S BACHMAN NOTARY PUBLIC STATE OF NEW HAMPSHIRE My Commission Expires Jan 13, 2015		nuary 13, 2015 y Commission Expires	

Applicant Name (Company); See Page One	NAIC No. See Page One	
Applicant Name (Company); See Fage One		_
	FEIN: See Page One	_

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101 1. Affiant's Full Name (Initials Not Acceptable): First: Nicholas Middle: Craig Last: Bentley IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases? No X If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. Beginning/Ending Name(s) Reason (If none, indicate such) Date(s) Used (MM/YY) Specify: First, Middle or Last Name Dates provided in response to this question may be approximate. Parties using this form understand that there could Note: be an overlap of dates when transitioning from one name to another. 3. Affiant's Social Security Number: 4. Government Identification Number if not a U.S. Citizen: N/A 5. Foreign Student ID# (if applicable) :_

Date of Birth: (MM/DD/YY):

State/Province:

6.

Country:

Place of Birth, City:

Applicant Name	(Company): See Page		NAIC No	See Page One		
				FEIN:	See Page	One
7. Name o	f Affiant's Spouse (if app	licable) : _				
8. List you	or residences for the last to	en (10) years starting	with your curre	ent address, giv	ing:	
Beginning/Endin			State/			
Dates (MM/YY)	Address	City	Province	<u>C</u>	Country	Postal Code
July 2013		Exeter	NH		USA	
2010 to 2013		Exeter	NH		USA	
2005 to 2010		Brighton			England	
2001-2005	·	Brighton			England	
State of: New I	(Signature of Affiant) Hampshire Coun		<u> </u>			
The foregoing in and:	strument was acknowledg	ged before me this <u>A</u>	3_day of _M	ay	, 20 <u>14</u> by	Nicholas C. Benti
who is perso	nally known to me, or					•
☐ who produce	ed the following identifica	ation:				
[SEAL]				Ke	Notary Put hthryn S. Back Printed Notary nuary 13, 201	nman Name 15
	WATER 2 INVOLUTARY	10 87		N	iy Commissior	n Expires

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

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

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

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

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

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

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

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

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

Nicholas Craig Bentley,	
(Printed Full Name and Residence Address)	
	5/23/14
(Signature)	(Date)
State of: New Hampshire County of: Hillsborough	
The foregoing instrument was acknowledged before me this 2300 day	of <u>May</u> , 20 <u>14</u> by
Nicholas C. Bentley , and:	
Who is personally known to me, or	
who produced the following identification:	ann.
	Harhryn S Bachman
[SEAL]	Notary Public
KATHRYN'S BACHMAN	Kathryn S. Bachman
NOTARY PUBLIC STATE OF NEW HAMPSHIRE	Printed Notary Name January 13, 2015
My Commission Expires Jan 13, 2015	My Commission Expires

Exhibit A

Employment History

Nicholas C. Bentley

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

Exhibit B

Nicholas C. Bentley Current U.S. Positions

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

Valiant Insurance Group LLC Delaware domiciled holding company	Director CEO President	07/01/2 07/01/2 07/01/2
Investment and Administrative Services Company Delaware domiciled company	Director CEO President	07/01/2 07/01/2 07/01/2
TIG Holdings 1, Inc. Delaware domiciled holding company	Director CEO President	09/05/2/ 09/05/2/ 09/0520
TIG Holdings 2, Inc. Delaware domiciled holding company	Director CEO President	09/05/2/ 09/05/2/ 09/05/2
TIG Holdings 4, Inc. Delaware domiciled holding company	Director CEO President	09/05/20 09/05/20 09/05/20
TIG (Bermuda) Ltd.	Director Chairman President	09/05/20 09/05/20 09/05/20
TIG Insurance (Barbados) Limited	Director	04/21/2
Fairmont Specialty Group, Inc. Delaware domiciled holding company	Director Chairman President CEO	09/05/20 09/05/20 09/05/20 09/05/20
Fairmont Premier Insurance Company California domiciled insurer	Director Chairman President CEO	09/05/20 09/05/20 09/05/20 09/05/20
Fairmont Insurance Company California domiciled insurer	Director Chairman President CEO	09/05/20 09/05/20 09/05/20 09/05/20
Fairmont Specialty Insurance Company California domiciled insurer	Director President CEO	09/05/2 09/05/2 09/05/2
Commonwealth Insurance Company of America Washington domiciled insurer	Chairman Director CEO President	02/04/20 07/24/20 02/04/20 02/04/20
American Safety Administrative Services, Inc. Georgia domiciled corporation	Director CEO President	10/03/20 10/03/20 10/03/20
American Safety Casualty Insurance Company Oklahoma domiciled insurer	Chairman Director CEO President	10/03/26 10/03/26 10/03/26 10/03/26
American Safety Claims Services, Inc. Georgia domiciled corporation	Director CEO President	10/03/2 10/03/2 10/03/2
American Safety Holdings Corp. Georgia domiciled corporation	Director CEO President	10/03/24 10/03/24 10/03/24

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

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Nicholas C. Bentley Current U.K. Directorships

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

Previous U.K. Directorships

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

Nicholas C. Bentley Previous U.S. Positions

Company	Position Held	Effective Date
Clearwater Insurance Company	Senior Vice President	05/24/2011 to 11/26/2012
Envision Claims Management Corporation	Director	08/28/2008 to 10/19/2009 dissolved
New Jersey domiciled claims management company	Chairman	08/28/2008 to 10/19/2009 dissolved
	President	08/28/2008 to 10/19/2009 dissolved
	CEO	08/28/2008 to 10/19/2009 dissolved
Fairmont Specialty Insurance Finance Company	Director	09/05/2008 to 12/28/2009 dissolved
Texas premium finance company	President	09/05/2008 to 12/28/2009 dissolved
	CEO	09/05/2008 to 12/28/2009 dissolved
Guild Insurance Agency, Inc.	Director	09/12/2008 to 12/13/2010 dissolved
Ohio domiciled insurance company	CEO	09/12/2008 to 12/13/2010 dissolved
	President	09/12/2008 to 12/13/2010 dissolved
Guild Underwriters Napa, Inc.	Director	09/12/2008 to 01/23/2013 dissolved
Delaware domiciled holding company	CEO	09/12/2008 to 01/23/2013 dissolved
•	President	09/12/2008 to 01/23/2013 dissolved
Old Lyme Insurance Company of Rhode Island, Inc.	Director	09/05/2008 to 12/28/2009 merged
Rhode Island domiciled insurer	Chairman	09/05/2008 to 12/28/2009 merged
	CEO	09/05/2008 to 12/28/2009 merged
Ranger Insurance Services, Inc.	Director	09/12/2008 to 12/10/2010 dissolved
Texas domiciled company	CEO	09/12/2008 to 12/10/2010 dissolved
	President	09/12/2008 to 12/10/2010 dissolved
RiverStone Reinsurance Services LLC	CEO	09/05/2008 to 12/07/2012 merged
Delaware domiciled reinsurance collections company	President	09/05/2008 to 12/07/2012 merged
TIG Indemnity Company	Director	09/05/2008 to 07/01/2010 sold
California domiciled insurer	President	09/05/2008 to 07/01/2010 sold
	CEO	09/05/2008 to 07/01/2010 sold
TIG Insurance Group, Inc.	Director	03/16/2009 to 12/29/2010 transferred
Delaware domiciled holding company	CEO	09/05/0208 to 12/29/2010 transferred
TIG Holdings, Inc. Delaware domiciled holding company	Director	03/16/2009 to 12/29/2010 transferred
TRG Holding Corporation Delaware domiciled holding company	Senior Vice President	09/05/2008 to 06/01/1999
American Safety Financial Corp.	Director	10/03/2013 to 10/10/2013 dissolved
Georgia domiciled corporation	President	10/03/2013 to 10/10/2013 dissolved
	CEO	10/03/2013 to 10/10/2013 dissolved
Sureco Bond Services, Inc.	Director	10/03/2013 to 10/10/2013 dissolved
Georgia domiciled corporation	President	10/03/2013 to 10/10/2013 dissolved
	CEO	10/03/2013 to 10/10/2013 dissolved

Exhibit C

Nicholas C. Bentley

Question 15

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

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

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Applicant Name (Company): _	Commonwealth	Insurance Company
	of America	

NAIC No.	10220	
FEIN:	91-1673817	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted b	y law	, this affidavit will be ke	pt confidential b	y the state insurance r	egulatory	authority
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(Print or Type) Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names)._ Commonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101 In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. 1. Affiant's Full Name (Initials Not Acceptable): First: Nina Middle: Lynn Last: Caroselli 2. Are you a citizen of the United States? Yes X Are you a citizen of any other country? No X If yes, what country? Affiant's occupation or profession: Senior Executive 3. Affiant's business address: 250 Commercial Street, Suite 5000, Manchester, NH 03101 4. nina caroselli@trg.com Business telephone: 603-656-2476 Business Email: 5. Education and training: College/University City/State Dates Attended (MM/YY) Degree Obtained Long Island, NY 1979-1983 SUNY Stony Brook BACity/State Dates Attended (MM/YY) Degree Obtained Graduate Studies College/University JD St. John's University School of Law 1983-1986 Queens, NY Degree/Certification Obtained Other Training: Name City/State Dates Attended (MM/YY)

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If Note: applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Results found
Revised 04/16/13
FORM 11
RIKS N/A-Supplemental Information.

©2000-2013 National Association of Insurance Commissioners

	Applica	ant Name (Compan	y): <u>See</u>	Page One		NAIC No FEIN:	See Page One See Page One
	6.	List of membersh	ips in professio	nal societies a	and associa	ations;	-
met "q		Name of Society/Association	<u>on</u>	Contact Nam	<u>e</u>	Address of Society/Association	Telephone Number of Society/Association
		DRI	Manual VIII	· · · · · · · · · · · · · · · · · · ·			,
	7.	Present or propos	ed position with	h the applicant	t entity:	Director and Senior Vice	President
	8.	including present officerships). Plea necessary to provi	jobs, positions use list the mos ide telephone n	, partnerships t recent first umbers and su	, owner of Attach add upervisory	an entity, administrator, ma ditional pages if the space pro- information for the past ten (sated or otherwise (up to and nager, operator, directorates or ovided is insufficient. It is only 10) years.
See	Exhibit Beginni	A (Employment ing/Ending	History) and	Exhibit B (Current	and Prior Positions)	
		-					
	Address	s;		City:		State/Province	e;
	Country	y:	Postal Code:_	P	hone:	Offices/Positions	Held:
	Type of	Business:			Superviso	or/Contact:	
į	Beginni Dates (ing/Ending MM/YY):		Employer's	Name:		,
	Address	s;		City:		State/Provinc	e:
	Country	/:	Postal Code:_	F	hone:	Offices/Positions I	Held:
	Type of	Business:			Superviso	or/Contact:	
	Beginni Dates (ing/Ending MM/YY):		Employer's	Name:		
	Address	s:		City:		State/Province	e;
	Country	/:	Postal Code:_	P	hone:	Offices/Positions I	Held:
	Type of	Business:			Superviso	or/Contact:	
	Beginni Dates (ing/Ending MM/YY):	**	Employer's	Name: _		
	Address	s:		City:		State/Province	e:
	Country	/:	Postal Code:_	P	hone:	Offices/Positions	Held:
	Type of	Business:			Superviso	or/Contact:	

Applic	ant Name	e (Company): See Page Offe	FEIN:	See Page One
_			-	Bee I age Offe
9.	a.	Have you ever been in a position which required a fidelit	y bond?	
		Yes No X		
		If any claims were made on the bond, give details:	N/A	
	b,	Have you ever been denied an individual or position s revoked?	chedule fidelity b	ond, or had a bond canceled or
		Yes No X		
		If yes, give details: N/A		
	or gove in the p the lice number are reas	y professional, occupational and vocational licenses (includernmental licensing agency or regulatory authority or licensest. For any non-insurance regulatory issuer, identify and pensing authority or regulatory body having jurisdiction over is your Social Security Number (SSN) or embeds your SS asonably identifiable as your SSN, then write SSN for that ented by your SSN. (For example, "SSN", "12-SSN-345" of the space provided is insufficient.	sing authority that provide the name, if the license (s) is SN or any sequence portion of the pro or "1234-SSN" (you presently hold or have held address and telephone number of sued. If your professional license e of more than five numbers that ofessional license number that is
Organi	zation/Iss	suer of License: State of New York Address:		
		State/Province: New York Country:		
		Law License License #: Da		•
		MM/YY): N/A Reason for Termination:		
		Regulatory Phone Number (if known):		
		suer of License: State of New Jersey Address:		
City:		State/Province: New Jersey Country:		Postal Code:
License	е Туре;	Law License #: Da	ate Issued (MM/Y	Y): 1987
Date Ex	xpired (M	MM/YY): N/A Reason for Termination:	N/A	
√on-In	surance F	Regulatory Phone Number (if known):		
11.		onding to the following, if the record has been sealed or expord was sealed or expunged, an affiant may respond "no" to		
	a.	Been refused an occupational, professional, or vocational any public administrative, or governmental licensing agent		t by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, or vocational license		old or have held, been subject to

Applicant N	Name (Company): See Page One	NAIC No. FEIN:	See Page One See Page One
	Yes No X		
c.	Been placed on probation or had a fine levied against y license or permit in any judicial, administrative, regula		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offens	e(s) other than civil	traffic offenses?
	Yes No X		
e,	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal of	fense(s) other than civil traffic
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence imp suspended, or been pardoned, fined, or placed on pr traffic offenses?		
	Yes No X		
g,	Been subject to a cease and desist letter or order, or enjoine administrative, regulatory, or disciplinary action, from viol regulating the business of insurance, securities or banking practices in the course of the business of insurance, securities	ating any federal, stang, or from carrying	te law or law of another country
	Yes No X		
h.	Been, within the last ten (10) years, a party to any civi financial dispute?	l action involving o	lishonesty, breach of trust, or a
	Yes No X		
i.	Had a finding made by the Comptroller of any state or a provisions of small loan laws, banking or trust company lany rule or regulation lawfully made by the Comptroller of	aws, or credit union	laws, or that you have violated
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any ent	ity while you were a	ssociated with that entity?
	Yes No X		
	If the response to any question above is yes, please provide Attach a copy of the complaint and filed adjudication or set		
	N/A		
	and the state of t	and a standard and	and the sales of building the The

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,

FORM 11

	ne (Company): See Page One	NAIC No FEIN: _	See Page One See Page One
	with the power to vote, or holds proxies representing, person. None		ore of the voting securities of any
If any	of the stock is pledged or hypothecated in any way, g	ive details. <u>N/A</u>	
or of regula direct	Vill] you or members of your immediate family indiversecord, 10% or more of the outstanding shares of statory authority, or its affiliates? An "affiliate" of, or poly, or indirectly through one or more intermediaries, of the person specified.	tock of any entity subjectson "affiliated" with,	ct to regulation by an insurance specific person, is a person that
Yes [No X		
	, please identify the company or companies in which atstanding voting securities. N/A		
If ony	of the shares of stock are pledged or hypothecated in	any way give details	
II airy	N/A		
Have	you ever been adjudged a bankrupt?		
Yes [No X		
If ves.	provide details: N/A		
If yes	, provide details: N/A		
To yo	our knowledge has any company or entity for which ittee member, key management employee or control you served in such capacity? Been refused a permit, license, or certificate of a	lling stockholder, had ar	y of the following events occur
To yo	our knowledge has any company or entity for which ittee member, key management employee or control you served in such capacity?	lling stockholder, had ar	y of the following events occur
To yo	our knowledge has any company or entity for which ittee member, key management employee or control you served in such capacity? Been refused a permit, license, or certificate of a	lling stockholder, had ar	y of the following events occur
To you common while	bur knowledge has any company or entity for which ittee member, key management employee or control you served in such capacity? Been refused a permit, license, or certificate of a licensing agency? Yes No X Had its permit, license, or certificate of authority sto any judicial, administrative, regulatory, or directivership, conservatorship, federal bankruptcy similar proceeding)? See Attached Extended	lling stockholder, had ar authority by any regular suspended, revoked, can isciplinary action (inch proceeding, state insol	tory authority, or governmental- celed, non-renewed, or subjected
To yo comm while	bur knowledge has any company or entity for which ittee member, key management employee or control you served in such capacity? Been refused a permit, license, or certificate of a licensing agency? Yes No X Had its permit, license, or certificate of authority sto any judicial, administrative, regulatory, or directivership, conservatorship, federal bankruptcy similar proceeding)?	authority by any regular suspended, revoked, can isciplinary action (inclusive) proceeding, state insolubilit C	tory authority, or governmental- celed, non-renewed, or subjected iding rehabilitation, liquidation, vency, supervision or any other

Applicant Name (Company): See Page One	NAIC No	See Page One
	FEIN:	See Page One
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months	e details. When resp after his or her dep	oonding to questions (b) and (c), arture from the entity.
Note: If an affiant has any doubt about the accuracy of an answand an explanation provided.	wer, the question sh	ould be answered in the positive
Dated and signed this Zend day of May 20 14 at under penalty of perjury that I am acting on any own behalf and that the formy knowledge and belief. Who May Description (Signature of Affiant)	t <u>Manchester, Ne</u> foregoing statement	ew Hampshire I hereby certify is are true and correct to the best
State of: New Hampshire County of: Hillsborough		
The foregoing instrument was acknowledged before me this 22 day of and:	May , 20 <u>14</u>	_ by Nina Lynn Caroselli,
W who is personally known to me, or		
who produced the following identification:		
[SEAL]		Notary Public nryn S. Bachman Printed Notary Name January 13, 2015
Kathryn s Bachman Notary Public	M	y Commission Expires

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

·		
Applicant Name (Company): See Page One	NAIC No	See Page One See Page One
BIOGRAPHICAL AFFII Supplemental Personal Info		
(Print or Type)		
To the extent permitted by law, this affidavit will be kept confidential by	the state insurance reg	gulatory authority.
Full name, address, and telephone number of the present or proposed entrequired (Do Not Use Group Names).	ity under which this b	oiographical statement is being
Commonwealth Insurance Company of America, 250 Comme	ercial Street, Suite 5	000, Manchester, NH 03101
1. Affiant's Full Name (Initials Not Acceptable): First: Nina IF ANSWER IS "NONE," SO STATE.	Middle: Lynn	Last: <u>Caroselli</u>
2. Have you ever used any other name, including first, middle or la	st name, nickname, m	aiden name or aliases?
Yes No X If yes, give the reason if any, if none indicate such, and provide t	he full name(s) and d	ate(s) used.
Beginning/Ending Name(s) Date(s) Used (MM/YY) Specify: First, Middle or Last Name	.,	one, indicate such)
•		

Affiant's Social Security Number:

Date of Birth: (MM/DD/YY)

State/Province:

be an overlap of dates when transitioning from one name to another.

Foreign Student ID# (if applicable):

Note:

3.

4.

5.

6.

Dates provided in response to this question may be approximate. Parties using this form understand that there could

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

_Place of Birth, City:
_Country: United States

Applica	nt Name (Comp	any): <u>See Pag</u> e	e One			See Pag	
		•			FEIN:	See Page C	Jne
7.	Name of Affiar	nt's Spouse (if app	olicable):				
8.	List your reside	ences for the last t	en (10) years starting wi	th your curre	ent address, giv	ing:	
	ng/Ending MM/YY)	Address	City	State/ Province	<u>C</u>	Country	Postal Code
07/200	1 to present		Bedford	NH		US	
08/199	9-07/2001		Manchester	NH		US	
State of:	understand that and signed this Z ander penalty of of my knowledg Vino Sig	day ofM perjury that I am the and belief. the actual control of Affiant) thire Coun	s question may be approverlap of dates when to ay 2014 acting on my own behavior of: Hillshorn ged before me this 32	ransitioning at <u>Man</u> at that that that that the	from one addr chester, New he foregoing s	ess to another. Hampshire tatements are	. I hereby true and correct to
and:	o is personally k	and to me or					
			ation:				
	[SEAL]					Notary Pul thryn S. Bac Printed Notary January 13,	hman y Name 2015

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

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

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

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

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

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

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

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

A true copy of this Disclosure ard Authorization shall be valid and have the same force and effect as the signed original. Nina Lynn Caroselli Bedford, NH (Printed Full Name and Residence Address) ignature) State of: New Hampshire County of: __Hillsborough The foregoing instrument was acknowledged before me this 2100 day of May Nina Lynn Caroselli who is personally known to me, or who produced the following identification: Notary Public [SEAL] Kathryn S. Bachman KATHRYN'S BACHMAN NOTARY PUBLIC Printed Notary Name STATE OF NEW HAMPSHIRE January 13, 2015

My Commission Expires

My Commission Expires Jan 13 2015

Exhibit A

Nina Lynn Caroselli Employment History

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

Exhibit B

Nina Lynn Caroselli Current Positions

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

Nina Lynn Caroselli Prior Positions

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

Exhibit C

Nina Lynn Caroselli

Question 15

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

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

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Applicant Name (Company): _	Commonwealth	Insurance	Company
	of America		

NAIC No.	10220	
FEIN:	91-1673817	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this:	ffidavit will be kept confidential b	by the state insurance regulatory auth	ority.
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	(Print or Type)	
	me, address and telephone number of the present or proposed entity under which this biographical statement is being d (Do Not Use Group Names).	
Con	nmonwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101	
hereina	nection with the above-named entity, I herewith make representations and supply information about myself as fter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ER IS "NO" OR "NONE," SO STATE.	
1.	Affiant's Full Name (Initials Not Acceptable): First: Frank Middle: Joseph Last: DeMaria	
2.	a. Are you a citizen of the United States?	
	Yes X No	
	b. Are you a citizen of any other country?	
	Yes No X	
	If yes, what country? N/A	
3.	Affiant's occupation or profession: insurance professional	
4.	Affiant's business address: 250 Commercial Street, Suite 5000, Manchester, NH 03101	
	Business telephone: 603-656-2530 Business Email: frank_demaria@trg.com	
5.	Education and training:	
College	/University City/State Dates Attended (MM/YY) Degree Obtained	
Northe	astern Illinois University, Chicago, IL 1977 - 1981 BA Accounting/Mi	ngt
<u>Gradua</u>	<u>College/University</u> <u>City/State</u> <u>Dates Attended (MM/YY)</u> <u>Degree Obtained</u>	
Other T	raining: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained	
Note:	If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student identification Number in the space provided in the Biographical Affidavit Supplemental Information.	
©2000-2	1.013 National Association of Insurance Commissioners 1. The substitute of Insurance Commissioners of	
	1 1	

Applica	ant Name (Com	pany): See Page	One	NAIC No. FEIN:	See Page One See Page One
6.	List of memb	erships in profession	nal societies and associ	ations:	
	Name of Society/Association	_	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	Non	e			
			W. W. C.		
7.	Present or pro	posed position with	the applicant entity:	Senior Vice President	
8.	including presofficerships).	sent jobs, positions, Please list the most	partnerships, owner or recent first. Attach ad	f an entity, administrator, n	ensated or otherwise (up to a nanager, operator, directorates provided is insufficient. It is on a (10) years.
ttached Beginn	Exhibit A (Fing/Ending	Employment Hist	ory) and Exhibit B	(Current and Prior Pos	itions)
			Employer's Name:		
Address	s:		City:	State/Provi	nce:
Country	y:	Postal Code:	Phone:	Offices/Position	ns Held:
Type of	f Business:		Supervise	or/Contact:	
	ing/Ending (MM/YY):		Employer's Name: _		
Addres	s:'		City:	State/Provi	nce:
Country	y:	Postal Code:	Phone:	Offices/Position	s Held:
Type of	f Business:		Supervise	or/Contact;	
Beginni Dates (ing/Ending (MM/YY):		Employer's Name:		
Addres	s:		City:	State/Provi	nce:
Country	y:	Postal Code:	Phone:	Offices/Position	s Held:
Type of	fBusiness:		Supervise	or/Contact:	
Beginni Dates (ing/Ending (MM/YY):		Employer's Name:		
Address	8:		City:	State/Provi	nce:
					s Held:
Tyne of	f Business:		Supervise	or/Contact:	

Applica	nt Name	e (Company): See Page One		NAIC No. FEIN:	See Page One See Page One
9.	a.	Have you ever been in a position which re	quired a fidelity b	oond?	
		Yes No X			
		If any claims were made on the bond, give	details: N/A		
	ь.	Have you ever been denied an individua revoked?	d or position sch	edule fidelity l	bond, or had a bond canceled or
		Yes No X			
		If yes, give details: N/A		* ***	
10.	or gove in the p the lice number are rear represe pages i	y professional, occupational and vocational ernmental licensing agency or regulatory auters. For any non-insurance regulatory issues assing authority or regulatory body having just is your Social Security Number (SSN) or esonably identifiable as your SSN, then writinted by your SSN. (For example, "SSN", if the space provided is insufficient.	thority or licensing, identify and pro- urisdiction over the mbeds your SSN e SSN for that poefficies or 12-SSN-345" or	ag authority that wide the name, ne license (s) is or any sequent ortion of the profile 1234-SSN"	at you presently hold or have held address and telephone number of seued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organiz	ation/Iss	uer of License:	Address:		
City:		State/Province:	Country:		Postal Code:
License	Туре:	License #:	Date	Issued (MM/Y	Y):
Date Ex	pired (M	(M/YY): Reason for Te	mination:		
Non-Ins	urance F	Regulatory Phone Number (if known):			
Organiz	ation/Iss	uer of License:	Address:		
City:		State/Province:	Country:		Postal Code:
License	Туре:	License #:	Date	Issued (MM/Y	Y):
Date Ex	pired (M	IM/YY): Reason for Tell	mination:		
Non-Ins	urance F	Regulatory Phone Number (if known):			
11.		onding to the following, if the record has be ord was sealed or expunged, an affiant may i			
	a.	Been refused an occupational, professional any public administrative, or governmental			it by any regulatory authority, or
		Yes No X			
	b.	Had any occupational, professional, or vo any judicial, administrative, regulatory, or			old or have held, been subject to

plicant l	Name (Company):See Page One	NAIC No.	See Page One
		FEIN:	See Page One
	Yes No X		
c.	Been placed on probation or had a fine levied against y license or permit in any judicial, administrative, regula:		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offens	e(s) other than civil	traffic offenses?
	Yes X No		
e,	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal of	fense(s) other than civil traffic
	Yes X No		
f.	Had adjudication of guilt withheld, had a sentence imposuspended, or been pardoned, fined, or placed on protraffic offenses?		
	Yes X No		
g.	Been subject to a cease and desist letter or order, or enjoine administrative, regulatory, or disciplinary action, from violating the business of insurance, securities or banking practices in the course of the business of insurance, securities	ating any federal, sta ng, or from carryin	te law or law of another country
	Yes No X		
h.	Been, within the last ten (10) years, a party to any civil financial dispute?	action involving o	lishonesty, breach of trust, or a
	Yes No X		
i.	Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company learny rule or regulation lawfully made by the Comptroller of any rule or regulation lawfully made by the Comptroller of any rule or regulation lawfully made by the Comptroller of any rule or regulation lawfully made by the Comptroller of any state or the province of the comptroller of any state or the province of the comptroller of any state or the province of the comptroller of any state or the province of the comptroller of any state or the province of the comptroller of any state or the province of the comptroller of	aws, or credit union	laws, or that you have violated
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any enti	ity while you were a	ssociated with that entity?
	Yes No X		
	If the response to any question above is yes, please provid Attach a copy of the complaint and filed adjudication or sett		
	Charged and pled guilty to DWI (see attached Compl		

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,

	with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities person. None
If any	of the stock is pledged or hypothecated in any way, give details. N/A
or of regulative direct	Will] you or members of your immediate family individually or cumulatively subscribe to or own, bene record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an in atory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common the person specified.
Yes	No X
	, please identify the company or companies in which the cumulative stock holdings represent 10% or a standing voting securities. N/A
If any	of the shares of stock are pledged or hypothecated in any way, give details.
	N/A
Have	you ever been adjudged a bankrupt?
	you ever been adjudged a bankrupt? No X
Yes	No X
Yes	·
Yes If yes To ye	No X
Yes If yes To ye	No X , provide details: N/A our knowledge has any company or entity for which you were an officer or director, trustee, invalittee member, key management employee or controlling stockholder, had any of the following event
Yes If yes To ye comm	No X provide details: N/A our knowledge has any company or entity for which you were an officer or director, trustee, involutee member, key management employee or controlling stockholder, had any of the following event you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or govern
Yes If yes To ye comm	No X provide details: N/A our knowledge has any company or entity for which you were an officer or director, trustee, involutee member, key management employee or controlling stockholder, had any of the following event you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency?
Yes If yes To ye comm while a.	No X pur knowledge has any company or entity for which you were an officer or director, trustee, involutee member, key management employee or controlling stockholder, had any of the following event you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency? Yes No X Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or so to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)?
Yes If yes To ye comm while a.	No X nour knowledge has any company or entity for which you were an officer or director, trustee, involutee member, key management employee or controlling stockholder, had any of the following event you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency? Yes No X Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or so to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or an similar proceeding)? See Attached Exhibit C

Applicant Name (Company): See Pa	age One	NAIC No. ₋ FEIN:	See Page One See Page One
	ove is yes, please indicate and give de y events within twelve (12) months afte		
Note: If an affiant has any and an explanation p	doubt about the accuracy of an answer, rovided.	the question sl	nould be answered in the positive
Dated and signed this Jand day of under penalty of perjury that I am action of my knowledge and belief. (Signature of Affiant)	May 2014 at No and that the fore	Manchester, No	ew Hampshire I hereby certify ts are true and correct to the best
State of: New Hampshire Co	ounty of: Hillshorough		
The foregoing instrument was acknowled and:	J	y, 20 <u>14</u>	by <u>Frank Joseph DeMaria</u>
Who is personally known to me, or	r		
who produced the following identi	ification;	•	
[SEAL]			Notary Public athryn S. Bachman Printed Notary Name nuary 13, 2015
			ly Commission Expires

KATHRYN S BACHIMAN NOTARY PUBLIC CONTROL OF NEW HAMPSHIRE ON EXPIRES JAIN 13 2015

Applicant Name (Company): See Page One	NAIC No FEIN: _	See Page One See Page One	
BIOGRAPHICAL AFFI Supplemental Personal In (Print or Type)			

To the	extent permitted by law,	this affidavit will be kept confider	ntial by the state insurance re	gulatory authority.
	me, address, and telephod (Do Not Use Group Na	one number of the present or proportions).	osed entity under which this	biographical statement is being
Co	mmonwealth Insurance	e Company of America, 250 Co	ommercial Street, Suite 50	00, Manchester, NH 03101
1.	Affiant's Full Name (I	nitials Not Acceptable): First: Fra	nk Middle: <u>Ioseph</u>	Last: <u>DeMaria</u>
2.	Have you ever used an	y other name, including first, mide	lie or last name, nickname, n	naiden name or aliases?
	Yes No	X		
	If yes, give the reason	if any, if none indicate such, and p	rovide the full name(s) and o	late(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Na		one, indicate such)
Note:		onse to this question may be appro when transitioning from one name		rm understand that there could
3.	Affiant's Social Securi	ty Number:		
4.	Government Identifica	tion Number if not a U.S. Citizen:	N/A	
5. ·	Foreign Student ID# (i	fapplicable): N/A		
6.	Date of Birth: (MM/DI	D/YY) :Place o	f Birth, City:	

Applicant Name (Company): See Page One					NAIC No.		
					FEIN:	See Pa	ge One
7.	Name of Affian	nt's Spouse (if applica	able) :				
8.	List your reside	ences for the last ten ((10) years starting wit	th your curre	ent address, g	ving:	
Beginn	ing/Ending			State/			
	MM/YY)	Address	<u>City</u>	Province	!	Country	Postal Code
6/01/0	9 - present		Windham	NH		USA	
10/2007	- 6/01/09		Manchester	NH		USA	
07/1999	9 - 09/2007		Bow	NH		USA	
					v		
certify	under penalty of t of my knowleds	day of See perjury that I am act	MAY Page One, 2014 ling on my own beha	at <u>M</u> ar	nchester, New the foregoing	<u>v Hampsl</u> statements	nire . I hereby s are true and correct to
State of	: New Hamps	shire County of	of: Hillsborough				
The for	egoing instrumer	nt was acknowledged	before me this 22	_day of	May	_, 20 <u>14</u>	_by <u>Frank Joseph D</u> eMaria
⅓ wh	o is personally k	nown to me, or				•	
□ wh	o produced the fo	ollowing identificatio	n:				
	[SEAL]				K	Notar athryn S. Ba Printed N	lotary Name
		KATHRYN S BACH NOTARY PUBLI STATE OF NEW HAM! My Commission Expires J	ic Pshire			nuary 13, 2 My Comm	015 ission Expires

Applicant Name (Company): Commonwealth Insurance Company of America	NAIC No. 10220 FEIN: 91-1673817						
DISCLOSURE AND AUTHORIZATION CONCERNING BACKG (All states except California, Minnesota and							
This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Commonwealth Insurance Company of America [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.							
You may obtain copies of any Background Reports about you from the const them. You may also request more information about the nature and scope of s Company. To obtain contact information regarding CRA or to submit a w Sherryl Scott, Legal Dept., 603-656-2268 [company's designated persophone].	uch reports by submitting a written request to						
Attached for your information is a "Summary of Your Rights Under the Fair Cr	edit Reporting Act."						
AUTHORIZATION: I am currently an Affiant of Company as defined a Disclosure and by my signature below, I consent to the release of Background state where Company files or intends to file an Application, and to the Compan such Application and my status as an Affiant. I authorize all third parties who me to cooperate fully by providing the requested information to CRA retaine Background Reports, except records that have been erased or expunged in according to the requested information to the company of the requested information to the company as defined at the release of Background and the company as defined at the release of Background and the company as defined at the release of Background and the company as defined at the release of Background and the release of Background and the company as defined at the release of Background at the company and the release of Background and the release of B	d Reports to a department of insurance in any y, for purposes of investigating and reviewing are asked to provide information concerning d by Company for purposes of the foregoing						
I understand that I may revoke this Authorization at any time by deliverin Company will, in that event, forward such revocation promptly to any CRA the Reports under this Disclosure and Authorization. This Authorization shall remain the expiration of the Term of Affiliation, (ii) written revocation as described the date of my signature below.	at either prepared or is preparing Background ain in full force and effect until the earlier of						
A true copy of this Disclosure and Authorization shall be valid and have the sar	ne force and effect as the signed original.						
Frank Joseph DeMaria, Windham, NH (Printed Full Name and Residence Address) (Signature)	1ress) 5 33 14 (Date)						
State of: New Hampshire County of: Hillsborough							
The foregoing instrument was acknowledged before me this 2301 FRANK DEMARIA, and:	day of <u>May</u> , 20 <u>14</u> by						
who is personally known to me, or							
_							
who produced the following identification:	1 0 0 1						
[SEAL]	Notary Public Sachman						
KATHRYN S BACHMAN	Kathryn S. Bachman						
NOTARY PUBLIC STATE OF NEW HAMPSHIRE	Printed Notary Name January 13, 2015						
My Commission Expires Jan. 13, 2015	My Commission Expires						

My Commission Expires

Exhibit A

Frank DeMaria Employment History

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

Exhibit B

Frank DeMaria Current Positions

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

Frank DeMaria Prior Positions

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

Exhibit C

Frank DeMaria

Question 15

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

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

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•			
			1

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

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).							
Com	monwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101							
603-6	656-2200							
hereina	nection with the above-named entity, I herewith make representations and supply information about myself as after set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ER IS "NO" OR "NONE," SO STATE.							
1.	Affiant's Full Name (Initials Not Acceptable): First: Henry Middle: Woods Last: Edmiston							
2.	a. Are you a citizen of the United States?							
	Yes X No							
	b. Are you a citizen of any other country?							
	Yes No X							
	If yes, what country? N/A							
3.	Affiant's occupation or profession: Senior Vice President							
4.	Affiant's business address: 2850 Lake Vista Drive, Suite 150, Lewisville, TX 75067							
	Business telephone: 972-831-6249 Business Email: HEdmiston@fairfaxinc.com							
5.	Education and training:							
LaSa	e/University City/State Dates Attended (MM/YY) Degree Obtained lle Law School Chicago, IL 1968 - 1970 N/A ersity of Missouri St. Louis, MO 1964 - 1968 N/A							
Delta	State University Cleveland, MS 1961 - 1963 N/A							
Gradua	te Studies College/University City/State Dates Attended (MM/YY) Degree Obtained							
Other 7	Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained							
Note:	If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information. NO Vesults found. Revised 04/16/13							

FORM 11

FT 9/8/2014 PO

Applic	ant Name (Comp	any): See Page	One		NAIC No, _	See Page One
					FEIN:	See Page One
6.	List of member	ships in professions	al societies	and assoc	iations:	
	Name of Society/Associate		Contact Nar		Address of Society/Association	Telephone Number of Society/Association
	See A	Attached Exhibit	Α			
	1 11 111 111 111 111 111 11 11 111 111 111 111 111 111 111 111 111 111 111 111 111 111					
	-					
7.	Present or prop	osed position with	the applica	nt entity:_	Senior Vice President	t
8.	including prese officerships). P	ent jobs, positions, please list the most	partnership recent first	s, owner o	of an entity, administrator, n	ensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only in (10) years.
	ning/Ending (MM/YY):	<u> </u>	Employer'	s Name: _	See Attached Exhibit	
Addres	ss:		_City:		State/Provi	nce:
Countr	ry:	Postal Code:		Phone:	Offices/Position	ns Held:
Туре о	of Business:			Supervis	sor/Contact:	
	ning/Ending (MM/YY):		Employer'	s Name: _	·	
Addres	ss:		_ City:		State/Provi	nce:
Countr	·y:	Postal Code:		Phone:	Offices/Position	s Held:
Туре о	of Business:			Supervis	sor/Contact:	
	ning/Ending (MM/YY):	<u> </u>	Employer'	s Name: _		
Addres	ss:		_City:		State/Provi	nce;
Countr	у:	Postal Code:	·	Phone:	Offices/Position	s Held:
Туре о	of Business:			Supervi	sor/Contact:	
	ning/Ending (MM/YY):		Employer'	s Name: _	· ···	
Addres	ss:		_City:		State/Provi	nce:
Countr	·y:	Postal Code:		Phone:	Offices/Position	s Held:
Туре о	of Business:			Supervis	sor/Contact:	

Арриса	nt Name	(Company): See Page One		FEIN:	See Page One		
9.	a.	Have you ever been in a position whi	ich required a fidelity l	•			
		Yes No X	1				
		If any claims were made on the bond, give details:					
	b.	Have you ever been denied an indirevoked?	vidual or position sch	edule fidelity b	oond, or had a bond canceled or		
		Yes No X					
		If yes, give details:					
10.	List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have he in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licen 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 represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition pages if the space provided is insufficient. None						
Organiz	ation/Iss	uer of License:		•			
City:		State/Province:	Country:		Postal Code:		
License	Туре:	License #:	Date	Issued (MM/Y	Y):		
Date Ex	pired (M	(M/YY): Reason for	or Termination:				
Non-Ins	urance R	Regulatory Phone Number (if known):					
Organiz	ation/Iss	uer of License:	Address:				
City:		State/Province:	Country:		Postal Code:		
License	Туре:	License #:	Date	: Issued (MM/Y	YY):		
Date Ex	pired (M	M/YY): Reason for	or Termination:	····			
Non-Ins	urance R	Legulatory Phone Number (if known):					
11.		onding to the following, if the record hord was sealed or expunged, an affiant					
	a.	Been refused an occupational, profes			nit by any regulatory authority, or		
		Yes No X					
	b.	Had any occupational, professional, any judicial, administrative, regulato			nold or have held, been subject to		

		CCINI.	See Page One	
		FEIN:	See Page One	
Yes No _	X			
	tion or had a fine levied against you or y y judicial, administrative, regulatory, or			
Yes No	Х	-		
d. Been charged with, or	indicted for, any criminal offense(s) oth	her than civil	traffic offenses?	
Yes No	X			
e. Pled guilty, or nolo offenses?	contendere, or been convicted of, an	y criminal o	ffense(s) other than civil traffic	
Yes No	Х			
	uilt withheld, had a sentence imposed or ardoned, fined, or placed on probation			
Yes No _	X			
administrative, regulatory, regulating the business of	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judic administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another cour regulating the business of insurance, securities or banking, or from carrying out any particular practice practices in the course of the business of insurance, securities or banking?			
Yes No	X			
h. Been, within the last ten financial dispute?	(10) years, a party to any civil action	n involving	dishonesty, breach of trust, or a	
Yes No	X			
provisions of small loan la	ne Comptroller of any state or the Fed aws, banking or trust company laws, of fully made by the Comptroller of any sta	r credit union	n laws, or that you have violated	
Yes No _	х			
j. Had a lien or foreclosure a	ction filed against you or any entity wh	ile you were	associated with that entity?	
Yes No	X			
If the response to any que Attach a copy of the comp	stion above is yes, please provide deta laint and filed adjudication or settlemen	ils including at as appropri	dates, locations, disposition, etc. ate.	
N/A				

List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The 12. 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,

plicant Nam	(Company): See Page One RAIC No. See Page One FEIN: See Page One
	with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person. None
 If any	of the stock is pledged or hypothecated in any way, give details. N/A
or of regula direct	Vill] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance story authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control the person specified.
Yes [No X
the ou	, please identify the company or companies in which the cumulative stock holdings represent 10% or more of itstanding voting securities. N/A
•	of the shares of stock are pledged or hypothecated in any way, give details.
Have	you ever been adjudged a bankrupt?
Yes	No X
. If yes	provide details: N/A
comm	our knowledge has any company or entity for which you were an officer or director, trustee, investment nittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes No X
b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	See Attached Exhibit C Yes No No
c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
	Yes No See Attached Exhibit C

Applicant Name (Company): See Page One	NAIC No.	See Page One
	FEIN:	See Page One
If the answer to any of the above is yes, please indicate and g affiant should also include any events within twelve (12) mont		
Note: If an affiant has any doubt about the accuracy of an ar and an explanation provided.	nswer, the question sh	ould be answered in the positive
Dated and signed this 1st day of 2014 under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief. (Signature of Affiant)		xas I hereby certify ts are true and correct to the best
State of: Texas County of: Denton		
The foregoing instrument was acknowledged before me this 2154 day of and:	f may, 2014	by_Henry Woods Edmiston
who is personally known to me, or		
who produced the following identification:	•	
[SEAL] VALERIE LIPSCOMB MY COMMISSION EXPIRES August 2, 2016	Au	Notary Public (alerie Lipscomb Printed Notary Name agust 2, 2016 Iv Commission Expires

Applicant Name (Company):	See Page One	NAIC No.	See Page One
		FEIN:	See Page One

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

(Print or Type)

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

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

Comn	nonwealth Insurance	e Company of America, 250 Comr	nercial Street, Suite 5000, Manchester, NH	10310
603-6	556-2200			
1.	Affiant's Full Name (I	Initials Not Acceptable): First: Henry "NONE," SO STATE.	Middle: Woods Last: Edmiston	
2.	Have you ever used ar	ny other name, including first, middle or	last name, nickname, maiden name or aliases?	
	Yes No	X		
	If yes, give the reason	if any, if none indicate such, and provide	the full name(s) and date(s) used.	
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)	
		Hank Edmiston	Nickname	
			•	
•		1		-
				_
				_
			•	_
				_
				_
Note:		onse to this question may be approximate when transitioning from one name to an	e. Parties using this form understand that there could other.	d
3.	Affiant's Social Secur	ity Number:		
4.	Government Identifica	ation Number if not a U.S. Citizen:	N/A	
5.	Foreign Student ID# (i	if applicable) : N/A		
6.	Date of Birth: (MM/D State/Province:	D/YY): Place of Birtl	n, City:USA	

Applica	int Name (Com	pany): See Page C	One		NAIC No FEIN:	See Page See Page		
7.	Name of Affi	ant's Spouse (if applic	cable) :		rein; _	See rage	e one	
				t a				
8.	List your resid	dences for the last ten	(10) years starting	with your curre	nt address, givi	ing:		
	ng/Ending MM/YY)	Address	<u>City</u>	State/ Province	<u>C</u> c	ountry	Postal (<u>Code</u>
1994 -	Present		Coppell	Texas	ι	JSA		<u> </u>
								
						1		
Note:		ed in response to this quantities and over the could be an over						orm
Dated a	understand that nd signed this ander penalty of of my knowled	at there could be an over the day of	verlap of dates who	en transitioning f	from one addre	ess to another	:. . I ł	iereby
certify u	understand that nd signed this ander penalty of of my knowled	at there could be an over the day of	verlap of dates who	en transitioning f	from one addre	ess to another	:. . I ł	iereby
Dated a certify the best	understand that nd signed this ander penalty of of my knowled	at there could be an over the day of	verlap of dates who yellow the control of the contr	en transitioning f	from one addre	ess to another	:. . I ł	iereby
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Dated a certify when best State of The foremand:	understand the nd signed this ander penalty of of my knowled (S. Texas egoing instrume	at there could be an overall day of	verlap of dates who verlap of dates who verlap of dates who verlap of dates who verlap of the verlap	en transitioning f	from one addre	ess to another	. I }	ereby rect to

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NAIC No. 10220 FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

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

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

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

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

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

<u> </u>	lenry Wood	ls Edmiston,		,	Coppell,	TX							
		16/-	(Pr	inted Fu	ll Name ar	nd Re	esidenc	e Addres	s)				,
	WIL	(Canel	/ sa		-		•			5/0	1/201	U	
		(Signature	3)		-					0/0	(Date	3	
		(D.B	-,								(20 000	,	
State	of: <u>Texas</u>		County	of: <u>Der</u>	ıto n								
The		instrument vods Edmisto		vledged _, and:	before 1	me	this' 🝃	<u>115</u> + €	lay of	Ma	4	20 <u>14</u>	by
X v	who is perso	nally known to	o me, or										
	who produce	d the followin	g identificati	on:							-p		,
	[SEAL]			VALE MY COM	RIE LIPSCO MISSION EX gust 2, 2016	MB PIRES		- -	Sal	Valerie I Printed August	ary Public ipscomb Notary N 2, 2016	ame	Lne

Exhibit A

Henry Woods Edmiston

Board of Directors & Chairman

Texas Medical Liability Insurance Underwriting Association (Medical Malpractice JUA)

Board of Directors

Club Corp of America

Member

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

Board of Directors

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

Board of Directors

Property Casualty Insurance Association of America

Board of Directors

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

Board of Directors

American Management Association (AMA)

Board of Directors & Vice Chairman

Valley Industries Commerce Association (VICA)

Board of Directors & Executive Committee

Association of California Insurance Companies (ACIC)

Board of Directors & Executive Committee

National Council on Compensation Insurance (NCCI)

Board of Directors

National Conference of Insurance Guaranty Funds (NCIGF)

Member

Passé International (NAIC) - Organization of former Insurance Commissioners

Exhibit B Employment History

Henry Woods Edmiston

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

Exhibit C

Henry Woods Edmiston

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

Applicant Name (Company):	Commonwealth Insurance	Company
	of America	-

NAIC No.	10220	
FEIN:	91-1673817	

BIOGRAPHICAL AFFIDAVIT

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	Applica	ant Name (Com	pany): See Pr	age One		NAIC No. FEIN:	See Page One See Page One
j	6.	List of memb	erships in professi	onal societi	ies and assoc	ciations:	
		Name o	-	Contact N	lame	Address of Society/Association	Telephone Number of Society/Association
		Defense R	esearch Institute	; 			
	7.	Present or pro	posed position wi	th the appli	cant entity:_	Director, Secretary, Ge	neral Counsel, SVP
	8.	including presofficerships).	sent jobs, position Please list the mo	s, partnersl st recent fir	ilps, owner or rst. Attach a	of an entity, administrator, r	ensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only in (10) years.
See	attached Beginni	Exhibit A (E	Employment His	story) and	Exhibit B	(Current and Prior Pos	itions)
	Dates (MM/YY):	<u> </u>	Employe	er's Name: _		
	Address	s:		City: _		State/Provi	nce:
	Country	/:	Postal Code:		_ Phone:	Offices/Position	ns Held:
:	Type of	Business:			_ Supervi	sor/Contact:	
i	Beginni Dates (ing/Ending MM/YY):		_ Employe	er's Name: _		
	Address	3:		City:_	•	State/Provi	nce:
	Country	/:	Postal Code:		_ Phone:	Offices/Position	s Held:
	Type of	Business:			_ Supervi	sor/Contact:	
		ng/Ending MM/YY):	-	_ Employe	er's Name: _		
	Address	3:		City:		State/Provi	nce:
	Country	/ :	Postal Code:		_ Phone:	Offices/Position	s Held:
	Type of	Business:			_ Supervi	sor/Contact;	
		ng/Ending MM/YY):	-	_ Employe	er's Name: _		
	Address	8		City:		State/Provi	nce:
	Country	/ :	Postal Code:		_ Phone:	Offices/Position	s Held:
	Type of	Business:			Supervi	sor/Contact;	•

Applie	cant Name	e (Company):	See Page One		NAIC No FEIN:	See Page One See Page One	
9.	a.	Have you eve	r been in a position whic	ch required a fideli	ty bond?		
•		Yes	No X	,			
		If any claims	were made on the bond,	give details:	N/A		
	b.	Have you ever	r been denied an indiv	ridual or position	schedule fidelity be	ond, or had a bond cand	eled or
		Yes	No X				
		If yes, give de	tails:			,	
10.	or gove in the p the lice number are reas	ernmental licens sast. For any nor nsing authority is your Social s sonably identifis nted by your SS	ing agency or regulatory is insurance regulatory is or regulatory body having Security Number (SSN) then as your SSN, then	y authority or licer ssuer, identify and ng jurisdiction ove or embeds your S write SSN for tha	nsing authority that provide the name, a or the license (s) iss SN or any sequence t portion of the pro	securities) issued by any you presently hold or handdress and telephone number of more than five number ast 6 digits). Attach ad	we held mber of license ers that that is
Organi	ization/Iss	uer of License:	New York State Ba	r Address:	One Elk Street		
						Postal Code: 12207	
	•					(): <u>1992</u>	
Non-Ir	nsurance F	Regulatory Phon	e Number (if known): _	518-463-3200)		
Organi	ization/Iss	uer of License:	Massachusetts Stat	te Bar Address:	20 West Street		
City:_	Boston	State	/Province: MA	Country:	US	Postal Code: 02111	
Licens	е Туре:	Law License	License #;	D	ate Issued (MM/Y)	?): <u>1990</u>	
Date E	xpired (M	IM/YY): <u>N//</u>	Reason for	r Termination:	N/A		
Non-Ir	surance F	Regulatory Phon	e Number (if known):_	617-338-0500)		
11.			lowing, if the record has r expunged, an affiant m			fiant has personally verif e you ever:	ied that
	a.		an occupational, profess ninistrative, or governm			by any regulatory author	rity, or
		Yes	No X				
	b.		oational, professional, o			ld or have held, been su	bject to

Applicant N	Name (Company): _	See Page One	NAIC No	See Page One
		'	FEIN:	See Page One
	Yes X	No		
С,			ed against you or your occupation tive, regulatory, or disciplinary	onal, professional, or vocational action?
	Yes	No X		
d.	Been charged	with, or indicted for, any crim	ninal offense(s) other than civil	traffic offenses?
	Yes	No X		
e.	Pled guilty, offenses?	or nolo contendere, or been	convicted of, any criminal of	fense(s) other than civil traffic
	Yes	No X		
f.		r been pardoned, fined, or pla		nad pronouncement of a sentence minal offense(s) other than civil
	Yes	No X		
g,	administrative, regulating the bu	gulatory, or disciplinary action	, from violating any federal, sta s or banking, or from carrying	or permanently, in any judicial, ate law or law of another country g out any particular practice or
	Yes	No X		
h.	Been, within the financial dispute?	last ten (10) years, a party t	o any civil action involving c	lishonesty, breach of trust, or a
	Yes	No X		
i.	provisions of sma	ll loan laws, banking or trust		nent that you have violated any laws, or that you have violated eral Government?
	Yes	No X		
j.	Had a lien or forec	closure action filed against you	or any entity while you were a	ssociated with that entity?
	Yes	No X		
			ease provide details including ation or settlement as appropria	dates, locations, disposition, etc.
-	MA Bar licen	se was temporarily suspende	ed (approximately 2006) for	non-payment of license fee due
	to clerical em	or. It was immediately rein	stated after payment.	
12. Lis	at any entity subject	to regulation by an insurance	regulatory authority that you o	control directly or indirectly. The

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,

	with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securitie person. None
If any	of the stock is pledged or hypothecated in any way, give details. N/A
or of regula direct	Vill] you or members of your immediate family individually or cumulatively subscribe to or own, bene record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an intory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a perely, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common the person specified.
Yes	No X
	, please identify the company or companies in which the cumulative stock holdings represent 10% or tstanding voting securities. N/A
If any	
	of the shares of stock are pledged or hypothecated in any way, give details.
	of the shares of stock are piedged or hypothecated in any way, give details. N/A
	N/A
Have	N/A you ever been adjudged a bankrupt?
Have Yes [N/A you ever been adjudged a bankrupt? No X
Have Yes [N/A you ever been adjudged a bankrupt?
Have Yes [If yes, To ye comm	N/A you ever been adjudged a bankrupt? No X provide details: N/A our knowledge has any company or entity for which you were an officer or director, trustee, invittee member, key management employee or controlling stockholder, had any of the following event you served in such capacity?
Have Yes [If yes,	N/A you ever been adjudged a bankrupt? No X provide details: N/A our knowledge has any company or entity for which you were an officer or director, trustee, invittee member, key management employee or controlling stockholder, had any of the following event
Have Yes [If yes, To ye comm	N/A you ever been adjudged a bankrupt? No X provide details: N/A our knowledge has any company or entity for which you were an officer or director, trustee, invittee member, key management employee or controlling stockholder, had any of the following event you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or govern
Have Yes [If yes, To ye comm	you ever been adjudged a bankrupt? No X provide details: N/A Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency? Yes No X Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or st to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or an similar proceeding)?
Have Yes [If yes, To you comm while	you ever been adjudged a bankrupt? No X provide details: N/A our knowledge has any company or entity for which you were an officer or director, trustee, invitee member, key management employee or controlling stockholder, had any of the following event you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency? Yes No X Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or st to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any

	See Page One
er his or her dep	ponding to questions (b) and (c), arture from the entity.
the question sh	nould be answered in the positive
Manchester, Nevegoing statement	v <u>Hampshire</u> . I hereby certify ts are true and correct to the best
May , 20 <u>14</u>	by Richard Joseph Fabian,
da	Notary S. Backman Notary Public athryn S. Bachman
<u></u>	Manchester, Nevel egoing statement May , 2014

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

Applicant Name (Company):	See Page One	NAIC No.	See Page One '
		FEIN:	See Page One

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

	(Print or Type)
To the	extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.
	ame, address, and telephone number of the present or proposed entity under which this biographical statement is being ed (Do Not Use Group Names).
_Com	monwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Manchester, NH 03101
1.	Affiant's Full Name (Initials Not Acceptable): First: Richard Middle: Joseph Last: Fabian IF ANSWER IS "NONE," SO STATE.
2.	Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
	Yes No X
	If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.
	ning/Ending . Name(s) Reason (If none, indicate such) s) Used (MM/YY) Specify: First, Middle or Last 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:
4.	Government Identification Number if not a U.S. Citizen: N/A
5.	Foreign Student ID# (if applicable) : N/A

Place of Birth, City: _______Country: _____United States

Date of Birth: (MM/DD/YY):

State/Province:____

6.

Applicant Name ((Company): See P	age One	_	NAIC No. FEIN:	See Page	One One
7. Name of	`Affiant's Spouse (if ap	plicable) :				
8. List your	r residences for the last	ten (10) years starting	with your curre	ent address, gi	ving:	
Beginning/Ending Dates (MM/YY)	g <u>Address</u>	<u>City</u>	State/ Province	<u>(</u>	Country	Postal Code
05/2004 to Presen	nt [Windham	NH_			
1 <u>0/1999 to 5/200</u>	4	Windham	NH		USA	
understa Dated and signed certify under pen	this 23 day of 8 alty of perform that I an owledge and belief Signature of Affiant	n overlap of dates when 20 14 n acting on my own b	en transitioning at M	from one add anchester, N	ress to another ew Hampshir	e . I hereby
State of: New]	Hampshire Cou	nty of:Hillsborou	gh			
The foregoing ins	trument was acknowled	lged before me this 2.	<u>3</u> day of	May	_, 20 <u>14</u> by	Richard Joseph Fabian
Who is person	nally known to me, or					
who produce	d the following identific	eation:				
[SEAL]					Notary Pu athryn S. Bachm Printed Notar	an
	KATHRYN S BACHMAN NOTARY PUBLIC			Ja	nuary 13, 2015 My Commissio	n Expires

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

Applicant Name ((Company):	Commonwealth I	insurance (Company of	America
Theres to the f					

NAIC No.	10220	
FEIN:	91-1673817	

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

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Commonwealth Insurance Company of America [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is

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.

required by a department of insurance reviewing any Application. Background Reports requested pursuant to your

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

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

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

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

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

Richard Joseph Fabian,	Windham, NH	
(Printed Fu	III Name and Residence Add	ress)
	Marine and the second s	5/23/14
(Signature)	_	(Date)
State of: New Hampshire County of:I	Hillsborough	
The foregoing instrument was acknowledged	before me this 23R	day of <u>May</u> , 20 <u>14</u> by
Richard Joseph Fabian , and:		
Who is personally known to me, or		
who produced the following identification:		
[SEAL] KATHRYN'S BACHMAN		Notary Public Kathryn S. Bachman
NOTARY PUBLIC STATE OF NEW HAMPSHIRE		Printed Notary Name
My Commission Expires Jan 13, 2015		January 13, 2015 My Commission Expires

Exhibit A

Richard J. Fabian Employment History

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

Exhibit B

Richard J. Fabian Current Positions

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

	Director	07/01/201
Valiant Insurance Company	General Counsel	07/01/201
Delaware domiciled insurer	Secretary	07/01/201
	Senior Vice-President	07/01/201
	Director	07/01/201
Valiant Specialty Insurance Company	General Counsel	07/01/201
Delaware domiciled insurer	Secretary	07/01/201
	Senior Vice-President	07/01/201
Valiant Insurance Group LLC	General Counsel	07/01/201
Delaware domiciled holding company	Senior Vice-President	07/01/201
American Safety Administrative Services, Inc.	General Counsel	10/03/201
Georgia domiciled corporation	Secretary	10/03/201
	Senior Vice-President	10/03/201
	Director	10/03/201
American Safety Casualty Insurance Company	General Counsel	10/03/201
Oklahoma domiciled insurer	Secretary	10/03/201
	Senior Vice-President	10/03/201
American Safety Claims Services, Inc.	General Counsel	10/03/201
Georgia domiciled corporation	Secretary	10/03/201
•	Senior Vice-President	10/03/201
American Safety Holdings Corp.	Director	10/03/201
Delaware domiciled corporation	General Counsel	10/03/201
	Senior Vice-President	10/03/201
American Safety Holdings II Corporation	Director	10/03/201
Delaware domiciled corporation	General Counsel	10/03/201
Dolariar Commonda Corporation	Senior Vice-President	10/03/201
American Safety Indemnity Company	Director	10/03/201
Oklahoma domiciled insurer	General Counsel	10/03/201
	Secretary	10/03/201
	Senior Vice-President	10/03/201
American Safety Insurance Services, Inc.	General Counsel	10/03/201
Georgia domiciled corporation	Secretary	10/03/201
Coordinate of the second of th	Senior Vice-President	10/03/201
American Safety Purchasing Group, Inc.	General Counsel	10/03/201
Georgia domiciled corporation	Secretary	10/03/201
CAOL TOWN CONTRACT CONTRACTOR	Senior Vice-President	10/03/201
Bluestone Agency, Inc.	Director	10/03/201
Arizona insurance agency	General Counsel	10/03/201
1 MILONG MOMENTO ABOUT	Senior Vice-President	10/03/201
Bluestone Surety, Ltd.	Director	05/01/201
Cayman Islands company		
	Director	02/04/201
Commonwealth Insurance Company of America	General Counsel	02/04/201
Washington insurance agency	Secretary	02/04/201
5 ,	Senior Vice-President	02/04/201
TIG Insurance (Barbados) Limited	Director	04/21/201
		1

Richard J. Fabian Prior Positions

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

Exhibit C

Richard J. Fabian

Question 15

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

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

Applicant Name (Company):	Commonwealth	Insurance Company
	of America	

NAIC No.		
FEIN:	91-1673817	

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

	(Time of Type)	
	ame, address and telephone number of the present or proposed entity under which this biogra ed (Do Not Use Group Names)	phical statement is being
Com	monwealth Insurance Company of America, 250 Commercial Street, Suite 5000, Man	chester, NH 03101
hereins	nnection with the above-named entity, I herewith make representations and supply inforafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answever IS "NO" OR "NONE," SO STATE.	
1.	Affiant's Full Name (Initials Not Acceptable); First: <u>James</u> Middle; <u>King</u> La	st:_Kelly
2.	a. Are you a citizen of the United States?	
	Yes X No	
	b. Are you a citizen of any other country?	
	Yes No X	
	If yes, what country? N/A	
3,	Affiant's occupation or profession: Human Resource Professional	
4.	Affiant's business address: 250 Commercial St, Ste 5000, Manchester, NH 03101	
	Business telephone: 603-656-2300 Business Email: jim_kelly@trg.com	n
5.	Education and training:	
College	e/University City/State Dates Attended (MM/YY)	Degree Obtained
	sity of Vermont Burlington, Vermont 9/1977 - 1/1982	ВА
Gradua	ate Studies College/University City/State Dates Attended (MM/YY)	Degree Obtained
	zational Psychology Columbia University New York, NY 9/1994 - 5/1997	MA
Other 1	Training: Name City/State Dates Attended (MM/YY) Degre	e/Certification Obtained
Note:	If affiant attended a foreign school, please provide full address and telephone number of applicable, provide the foreign student Identification Number in the space provided in the Supplemental Information.	e Biographical Affidavit
©2000-	-2013 National Association of Insurance Commissioners 1 1860	FORM 11

Appli	cant Name (Compa	iny): See Pag	ge One		See Page One See Page One
6.	List of members	ships in profession	nal societies and assoc	iations:	
	Name of Society/Associa	tion	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None				
7.	Present or propo	osed position with	the applicant entity:_	Senior Vice President	
8.	including preser officerships). Pl	employment recorn t jobs, positions, ease list the most	partnerships, owner or recent first. Attach ac	(20) years, whether compe of an entity, administrator, m dititional pages if the space page of information for the past ten	anager, operator, directorates rovided is insufficient. It is or
Begin	ning/Ending		it B (Current and Pri	. *	
Addre	ss:		City:	State/Provin	ce:
Count	ry:	_ Postal Code:	Phone:	Offices/Positions	s Held:
Туре	of Business:		Supervis	or/Contact:	
Begini Dates	ning/Ending (MM/YY):	*	Employer's Name: _		
Addre	ss:		City:	State/Provin	oe:
Count	ry:	Postal Code:	Phone;	Offices/Positions	Held:
Туре	of Business:		Supervis	or/Contact:	
	ning/Ending (MM/YY):		Employer's Name: _		
Addre	ss:		City:	State/Province	ce:
Count	ry:	Postal Code:	Phone:	Offices/Positions	Held:
Туре	of Business:	****	Supervis	or/Contact:	·
Begini Dates	ning/Ending (MM/YY):		Employer's Name: _		
Addre	ss:		_ City:	State/Province	ce:
Count	ry:	_ Postal Code:	Phone:	Offices/Positions	Held:
Type o	of Business:		Supervis	or/Contact:	

Applica	int Name	(Company): See Page One		FEIN:	See Page One See Page One
9.		Have you ever been in a position whic	h required a fidelity l		
۶.	a.		irrequired a indenty t	Jonu :	
		Yes No X			
		If any claims were made on the bond,	give details: N/A		
	b.	Have you ever been denied an indivirevoked?	dual or position sch	edule fidelity bo	ond, or had a bond canceled or
		Yes No X			
		If yes, give details: N/A			
10.	or gove in the p the lice number are reas represen	y professional, occupational and vocation remmental licensing agency or regulatory ast. For any non-insurance regulatory is using authority or regulatory body having is your Social Security Number (SSN) conably identifiable as your SSN, then ented by your SSN. (For example, "SSN the space provided is insufficient. None	vauthority or licensing suer, identify and prong jurisdiction over the or embeds your SSN write SSN for that power, "12-SSN-345" or	ng authority that syide the name, a the license (s) issi- or any sequence ortion of the pro- r "1234-SSN" (I	you presently hold or have held ddress and telephone number of ued. If your professional license to of more than five numbers that fessional license number that is
Organiz	ation/Iss	uer of License:	Address:		
		State/Province:			
		License #:			
		IM/YY): Reason for			
		Regulatory Phone Number (if known);			
		uer of License:			
		State/Province:			
		License #:			
		IM/YY): Reason for			
		Regulatory Phone Number (if known):			
11.		onding to the following, if the record has ord was sealed or expunged, an affiant m			
	a.	Been refused an occupational, profess any public administrative, or governm			by any regulatory authority, o
		Yes No X			
	b.	Had any occupational, professional, o			old or have held, been subject to

	Name (Company): See Page One	NAIC No	See Page One
		FEIN:	See Page One
	Yes No X		
c.	Been placed on probation or had a fine levied against you license or permit in any judicial, administrative, regulate		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offense	(s) other than civil t	raffic offenses?
	Yes X No		
e,	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal of	fense(s) other than civil traffic
	Yes X No		
f.	Had adjudication of guilt withheld, had a sentence imposuspended, or been pardoned, fined, or placed on protraffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or enjoined administrative, regulatory, or disciplinary action, from viola regulating the business of insurance, securities or banking practices in the course of the business of insurance, securitie	ting any federal, sta g, or from carrying	te law or law of another country
	Yes No X		
h.	Been, within the last ten (10) years, a party to any civil financial dispute?	action involving d	ishonesty, breach of trust, or a
	Yes No X		
i,	Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company laws rule or regulation lawfully made by the Comptroller of a	ws, or credit union	laws, or that you have violated
	Yes No X		•
j.	Had a lien or foreclosure action filed against you or any entit	y while you were as	ssociated with that entity?
	Yes No X		
	If the response to any question above is yes, please provide Attach a copy of the complaint and filed adjudication or settle		
	DUI in 1999, Scarsdale, NY See attached.		

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,

Applic	cant Nam	e (Company): See Page One	NAIC No FEIN:	See Page One See Page One
		with the power to vote, or holds proxies representing, ten poerson. None	` ,	
		·	POR	al vi
	If any	of the stock is pledged or hypothecated in any way, give de	etails. N/A	
13.	or of r regulat directly	fill] you or members of your immediate family individuall ecord, 10% or more of the outstanding shares of stock cory authority, or its affiliates? An "affiliate" of, or person y, or indirectly through one or more intermediaries, controlled person specified.	of any entity subje "affiliated" with, a	ct to regulation by an insurance a specific person, is a person that
	Yes [No X		
	the out	please identify the company or companies in which the constanding voting securities. I/A		- ,
	•	of the shares of stock are pledged or hypothecated in any wal/A		
4.	Have y	ou ever been adjudged a bankrupt?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Yes [No X		•
	If yes,	provide details: N/A		
5,	commi	ur knowledge has any company or entity for which you tree member, key management employee or controlling so served in such capacity? Been refused a permit, license, or certificate of author licensing agency?	stockholder, had ar	ny of the following events occur
		Yes No X		•
	b.	Had its permit, license, or certificate of authority susper to any judicial, administrative, regulatory, or discipling receivership, conservatorship, federal bankruptcy processimilar proceeding)? See Attached Exhibit C	inary action (incluseeding, state insol	iding rehabilitation, liquidation,
	c,	Been placed on probation or had a fine levied agains authority in any civil, criminal, administrative, regulator		
		Yes No See Attached Exhibit	С	

Applicant Name (Company):	See Page One	<u> </u>	NAIC No.	See Page One
•			FEIN:	See Page One

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

(Print or Type)

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

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

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

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

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No X

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Name(s) Reason (If none, indicate such)

Date(s) Used (MM/YY) Specify: First, Middle or Last 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: ____
- 4. Government Identification Number if not a U.S. Citizen; N/A
- 5. Foreign Student ID# (if applicable): N/A

Applicant Name (Company): See Page One				- -	NAIC No FEIN:	See Page One See Page One	
7.	Name of Aff	ant's Spouse (if app	olicable) :			oco i age	
8.	List your resi	dences for the last t	en (10) years starting w	vith your curre	nt address, giv	ing:	
	nning/Ending s (MM/YY)	<u>Address</u>	<u>City</u>	State/ Province	<u>C</u>	ountry	Postal Code
07/1	1 - present		Manchester	NH	l	JSA	
9/0)8 - 6/11		South Pomfret	VT	ļ	JSA	
5/9	34 - 8/08		Pelham	NY	Ų	JSA	
certif	understand the land signed this y under penalty east of my knowle	day of Not perjury that I am dge and belief. Signature of Affiant)	s question may be approverlap of dates when Alay, 20 14 acting on my own before the control of the contr	transitioning t	from one addro chester, New H	ess to another, ampshire	. I hereby
	oregoing instrum	ent was acknowledg	ged before me this <u>23</u>	day ofMa	ау	, 20 <u>14</u> by	Iomaa Kina Kallu
and: ĺŽ√v							James King Keijy
	vho is personally	known to me, or					<u> Јагнеѕ кінд ке</u> џу
_ ν		known to me, or following identification	ation:				James King Keny

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

IAIC No EIN:	10220 91-1673817
OUND REF Oklahoma)	PORTS
	or future application(s) of or a permit to organiz
1	EIN: DUND REF Oklahoma) th pending

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

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

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

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

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

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

James King Kelly, Manchester, NH	
(Printed Full Name and Residence Addr	(Date)
State of: New Hampshire County of: Hillsborough	
The foregoing instrument was acknowledged before me this 32. James King Kelly , and:	day of <u>May</u> , 20 <u>14</u> by
☑ who is personally known to me, or	
who produced the following identification:	
[SEAL] KATHRYN'S BACHMAN NOTARY PUBLIC STATE OF NEW HAMPSHIRE My Commission Expires Jan 13, 2015	Notary Public Kathryn S. Bachman Printed Notary Name January 13, 2015 My Commission Expires

Exhibit A

James K. Kelly Employment History

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

Exhibit B

James K. Kelly

Current Positions

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

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

James K. Kelly Prior Positions

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

Exhibit C

James K. Kelly

Question 15

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

- 1

Applicant Name (Company): on montrealth Insurance Company of America

NAIC No. 10220 FEIN: 91-1673817

BIOGRAPHICAL AFFIDAVIT

(Print or Type)
Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).
Fairfax Financial Holdings Limited/FFHL Group Ltd., 95 Wellington Street West, Suite 800, Toronto, Ontario M5J 2N7 Canada
416-367-4941
In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.
1. Affiant's Full Name (Initials Not Acceptable): First: Vivian Middle: Prem Last: Watsa
2. a. Are you a citizen of the United States? Yes No X b. Are you a citizen of any other country?
Yes X No
If yes, what country? Canada
3. Affiant's occupation or profession: Business Executive
The second secon
4. Affiant's business address:95 Wellington Street West, Suite 800, Toronto, Ontario M5J 2N7 Business telephone: 416-367-4941 Business Email: p_watsa@fairfax.ca
5. Education and training: Cit. (Cit.) Degree Obtained
College/UniversityCity/StateDates Attended (MM/YY)Degree ObtainedIndian Institute of TechnologyChennai, India1968-1971BA Chem.Eng.Tech.
Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained University of Western Ontario London, Ontario 1972-1974 MBA
Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained CFA Institute Toronto, Ontario 1977-1979 CFA
Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. I applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavi Supplemental Information.
applicable, provide the foreign student Identification Number in the space provided in the Biographical Afridays Supplemental Information. NO results found Revised 04/16/1 FORM 1 Revised Number in the space provided in the Biographical Afridays Revised 04/16/1 FORM 1

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

6. List of memberships in professional societies and associations:

Name of
Society/Association
Toronto CFA Society

Contact Name

Address of
Society/Association
80 Richmond Street W
Toronto, Ontario M5H 2A4

Telephone Number of Society/Association

416-366-5575

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

PLEASE SEE ATTACHED EMPLOYMENT ADDENDUM

Beginning/Ending				
Dates (MM/YY):	Emp	loyer's Name:		
Address:	Cit	y:	State/Province:	
Country:	Postal Code:	Phone:	Offices/Positions Held:	
Type of Business:		Supervisor/C	Contact:	
Beginning/Ending Dates (MM/YY):	Emp	loyer's Name:		
Address:	Ci	ty:	State/Province:	
Country:	Postal Code:	Phone:	Offices/Positions Held:	
Type of Business:		Supervisor/0	Contact:	
Beginning/Ending Dates (MM/YY):	Emp	loyer's Name:		
Address:	Ci	y:	State/Province:	
Country:	Postal Code:	Phone:	Offices/Positions Held:	
Type of Business:		Supervisor/O	Contact:	
Beginning/Ending Dates (MM/YY):	Emp	oloyer's Name:		
Address:	Ci	у:	State/Province:	
Country:	Postal Code:	Phone:	Offices/Positions Held:	
Type of Business:		Supervisor/0	Contact:	

Applica	nt Name	(Company) Commonweal	th Insurance N. merica	AIC No. 10220 EIN: 91-1673817	
9.	a.	Have you ever been in a position when	nich required a fidelity bond?		
		Yes No X			
			d, give details:		
	b.	Have you ever been denied an indrevoked?	lividual or position schedule	fidelity bond, or had a bond canceled or	
		Yes No X			
		If yes, give details:			
10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have he in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licen number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers the are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition pages if the space provided is insufficient.					
		None			
Organiz	ation/Iss	uer of License:	Address:	, ·	
City: _		State/Province:	Country:	Postal Code:	
License	Туре: _	License #:	Date Issue	d (MM/YY):	
Date Ex	opired (M	IM/YY); Reason	for Termination:		
Non-Ins	surance F	Regulatory Phone Number (if known)			
Organiz	zation/Iss	uer of License:	Address:		
City: _		State/Province:	Country:	Postal Code:	
License	Type:	License #:	Date Issue	d (MM/YY):	
Date Ex	opired (M	(M/YY): Reason	for Termination:		
Non-Ins	surance F	Regulatory Phone Number (if known)	:		
11.		onding to the following, if the record ord was sealed or expunged, an affian		and the affiant has personally verified that estion. Have you ever:	
	a.	Been refused an occupational, prof any public administrative, or govern		e or permit by any regulatory authority, or	
		Yes No X			
	b.	Had any occupational, professional		mit you hold or have held, been subject to	

Applica	ant N	ame (Company Commonwealth Insurance NAIC No. 10220
		Tame (Company) tommonwealth Insurance NAIC No. 10220 FEIN: 91-1673817
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
		Yes No X
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No X
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes No X
	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X
	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
		Yes No X
		If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
12.	Lis	at any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The

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 au official position with or corporate

Applic	ant Name	(Company): Onmonwealth Insurance NAIC No. 10220 Company of America FEIN: 91-1673817
	office h holds w	neld by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any erson. See attached.
	If any o	of the stock is pledged or hypothecated in any way, give details. None
13.	or of re regulate directly	ill] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially ecord, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance ory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that or, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control are person specified.
	Yes 🖸	X No
		please identify the company or companies in which the cumulative stock holdings represent 10% or more of standing voting securities. See attached.
	If any o	of the shares of stock are pledged or hypothecated in any way, give details. None
14.	Have y	ou ever been adjudged a bankrupt?
	Yes	No X
	If yes, p	provide details:
15.	commit	ir knowledge has any company or entity for which you were an officer or director, trustee, investment tree member, key management employee or controlling stockholder, had any of the following events occur ou served in such capacity?
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
		Yes No X
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
		Yes No X
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Yes No X

Applicant Name If the are affiant s	e (Compary) 10mmonwelath Insurance NAIC No. 10220 FEIN: 91-1673817 Inswer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c) should also include any events within twelve (12) months after his or her departure from the entity.
	None
Note:	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

[Signature page follows]

Applicant Name (Company) of America NAIC No. FEIN: 91	10220 -1673817
Dated and signed this 15 day of July 2014 at Toronto, Ontario. I hereby certify under pena my own behalf and that the foregoing statements are true and correct to the best of my knowledge.	ity of perjury that I am acting on
(Signature of Affiant)	
Province of Ontario County of York The foregoing instrument was acknowledged before me this 15 day of July, 2014 by V. Pre	m Watsa, and who is personally
known to me.	JOP .
[SEAL] My Con	Notary Public Eric P. Salsberg mission Does Not Expire

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

BIOGRAPHICAL AFFIDAVIT **Supplemental Personal Information**

		(Friit of Type)	
To the	extent permitted by law,	this affidavit will be kept confidential by the	ne state insurance regulatory authority.
	me, address, and telephond (Do Not Use Group Na		ty under which this biographical statement is being
Fairfax	Financial Holdings Limi	ted, 95 Wellington Street West, Suite 800,	Toronto, Ontario M5J 2N7 (416) 367-4941
1.		nitials Not Acceptable): First: Vivian Mic	ddle: Prem Last: Watsa
2.	Have you ever used any Yes X No	other name, including first, middle or las	t name, nickname, maiden name or aliases?
	If yes, give the reason i	f any, if none indicate such, and provide the	ne full name(s) and date(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
1975 –	Present	Middle name	Usually called "Prem"
			
Note:		onse to this question may be approximate. when transitioning from one name to anoth	Parties using this form understand that there could ner.
3.	Affiant's Social Securi	ty Number: Canadian Soci	al Insurance Number)
4. 5.	Government Identification Foreign Student ID# (in	tion Number if not a U.S. Citizen: applicable):	(Canadian Passport)
6.	Date of Birth: (MM/DI State/Province:	O/YY): Place of Birth, City: Country: India	.* -
7.	Name of Affiant's Spo	use (if applicable) :	

	O	<i>V</i>	ting with your current ac	AIC No. 1022 EIN: 91-162 Idress, giving:	
Beginning/Ending <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	State/ <u>Province</u>	<u>Country</u>	Postal Code
1988-Present		Toronto	Ontario	Canada	
·					

[Signature page follows]

Applicant Name (Company): <u>Ommon weath Insurance</u> NAIC No. 10220 FEIN: 91-1673817 Dated and signed this 15 day of July, 2014 at Toronto, Ontario. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief. V. P. Watnu (Signature of Affiant)
Province of Ontario County of York
The foregoing instrument was acknowledged before me this 15 day of July, 2014 by V. Prem Watsa, and who is personally
known to me.
[SEAL] Notary Public
Eric P. Salsberg
My Commission Does Not Expire

NAIC No. 10220 Applicant Name (Company): 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 mmonwealth humans (company fleding name) ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential. You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company To obtain contact information regarding CRA or to submit a written request for more information, contact Scall Lean Dept. 603.656.2268 [company's designated person, position, or department, address and phone]. Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law. I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below. A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original. . Toronto, Ontario, Canada V. Prem Watsa, (Printed Full Name and Residence Address) P. Waha
(Signature) July /5, 2014 (Date) Province of Ontario County of York The foregoing instrument was acknowledged before me this & day of July, 2014 by V. Prem Watsa, and: X who is personally known to me, or

FORM 11

Notary

Eric P. Salsberg

My Commission Does Not Expire

who produced the following identification:

[SEAL]

NAIC No. 10220 FEIN: 91-167381

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

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

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

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

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

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

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

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

V. Prem Watsa, Toronto, Ontario, Canada	
(Printed Full Name and Residence Address)	
V. P. Waka (Signature)	July 15, 2014 (Date)
Province of Ontario County of York	
The foregoing instrument was acknowledged before me this 15th known to me.	day of July, 2014 by V. Prem Watsa, and who is personally
[SEAL]	Notary Public
	Eric P. Salsberg
	My Commission Does Not Expire

Applicant Name (Company): tommonwell company of a	t Insurance.
Company of	Emerica

NAIC No. 10220 FEIN: 91-1673817

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)
This Disclosure and Authorization is provided to you in connection with a pending application of [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through [name of CRA, address] ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the
Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.
You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to [company's designated person, position, or department, address and phone].
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided
with a copy of any Background Report procured by Company if you check the box below.
By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.
Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.
I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.
V. Prem Watsa, Toronto, Ontario, Canada (Printed Full Name and Residence Address)
July 15, 2014 (Signature) (Date)
Province of Ontario County of York
The foregoing instrument was acknowledged before me this 15 day of July, 2014 by V. Prem Watsa, and: X who is personally known to me, or who produced the following identification:
[SEAL] Notary Public Eric Salsberg My Commission Does Not Expire Revised 04/16/13

ADDENDUM FOR BIOGRAPHICAL AFFIDAVIT

QUESTION 8

Employment	(for	the	past	20	years)
------------	------	-----	------	----	-------	---

Beginning/Ending Dates (MM/YY) 1985-Present	Employers' Name Fairfax Financial Holdings Limited	Address 95 Wellington St. West	City Toronto	State/ Province Ontario	Country Canada	Postal Code M5J 2N7
	Offices/Positions Held Chairman & Chief Executive Officer	Phone (416) 367-4941	Fax (416) 367-2201	Supervisor/(Contact	
Beginning/Ending Dates (MM/YY) 1984 – Present	Employers' Name Hamblin Watsa Investment Counsel Limited	Address 95 Wellington St. West	City Toronto	State/ Province Ontario	Country Canada	Postal Code M5J 2N7
	Offices/Positions Held Vice President	Phone	Fax .	Supervisor/Contact		

V. PREM WATSA

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

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

^{*} Not Fairfax affiliates

Question 12.

As the controlling shareholder of Fairfax Financial Holdings Limited:

DOMICILE

Northbridge Commercial Insurance Corporation Northbridge General Insurance Corporation Northbridge Personal Insurance Corporation Federated Insurance Company of Canada Wentworth Insurance Company Limited Fairmont Specialty Insurance Company

ICICI Lombard General Insurance Company (26%)

Zenith Insurance Company

CRC (Bermuda) Reinsurance Limited Odyssey America Reinsurance Corporation

Clearwater Insurance Company

Clearwater Select Insurance Company

Hudson Insurance Company

Hudson Specialty Insurance Company First Capital Insurance Limited (97.7%) RiverStone Insurance (UK) Limited Crum & Forster Insurance Company

Crum & Forster Specialty Insurance Company

United States Fire Insurance Company The North River Insurance Company Seneca Insurance Company, Inc.

Seneca Specialty Insurance Company, Inc. Falcon Insurance Company (Hong Kong) Ltd.

Fairmont Insurance Company

Fairmont Premier Insurance Company

TIG Insurance Company

Alltrust Insurance Company (15%)

Polish Re Fairfax Brasil

Zenith National Insurance Corp. General Fidelity Insurance Company Gulf Insurance Company (41%) First Mercury Financial Corporation

The Pacific Insurance Berhad

Canada Canada Canada Canada Barbados Delaware India

India
Canada
Bermuda
Connecticut
Delaware
Delaware
Deleware
New York

Singapore U.K.

New Jersey Arizona Delaware New Jersey New York Arizona Hong Kong California California California China Poland Brazil California

South Carolina Kuwait Delaware Malaysia

(100% owned unless otherwise indicated)

/Question 12 VPW NAIC July 2014



NOTICE OF ANNUAL MEETING OF SHAREHOLDERS

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

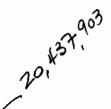
- (a) to elect directors;
- (b) to appoint auditors; and
- (c) to transact such other business as may properly come before the meeting.

By Order of the Board,

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

Toronto, March 7, 2014

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



MANAGEMENT PROXY CIRCULAR

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

Voting Shares and Principal Holders Thereof

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

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

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

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

Annual Report

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

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

Election of Directors

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

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