## Applicant Name (Company) Sagicor Life Insurance Company

NAIC No. 60445 FEIN: 74-1915841

#### **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

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

Sagicor Life Insurance Company 900 Congress Avenue; Suite 300 Austin, TX 78701

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1.	Affiant's Full N	Name (Initials Not Acceptab	ole). Todd Micha	ael Campbell		
2.	a. Are you a	citizen of the United States?	Yes			
	b. Are you a	citizen of any other country	, if so, what cour	ntry? No		
3.	Affiant's Occup	oation or Profession. Direct	tor, Latin Amer	ica, CBL Insurance Lim	ited	
4.	Affiant's busine	ess address		V-15		*
	Business teleph	one				
5.	Education and	Γraining:				
College	/ University	City/ State		Dates Attended (MM)	<u>(YY)</u>	Degree Obtained
Appala	chian State Uni	versity Boone, NC		1983-1987		BS History
Graduat	e Studies:	College/University	City/ State	Dates Attended (MM)	<u> </u>	Degree Obtained
Mercer	University Sch	ool of Law	Macon, GA	1988-1991		JD
Other T	raining: Name	City/ State	Dates Attende	d (MM/YY)	Degree/Certi	fication Obtained
(Note:		ed a foreign school, please vide the foreign student Ide				

Supplemental Information.)

## Applicant Name (Company) Sagicor Life Insurance Company

NAIC No. 60445 FEIN: 74-1915841

6.	List of memberships in pro	fessional societies and association	ciations.	
	Name of Society/Association State Bar of Georgia	Contact Name Cliff Brashier	Address of Society/Association 104 Marietta Street Atlanta, GA 30303	Telephone Number of Society/Association 404-527-8710
	State Bar of North Carolina	None	PO Box 26148 Raleigh, NC 27611	919-733-0123
7.	Present or proposed position	on with the applicant entity.	Director	
8.	including present jobs, po- officerships). Please list th	sitions, partnerships, owner e most recent first. Attach a	y (20) years, whether compend of an entity, administrator, mand additional pages if the space progry information for the past ten (	nager, operator, directorates or ovided is insufficient. It is only
	ning/Ending (MM/YY)2010 Pres	ent Employer's Name L	arkspur Group Inc	
Addre	ess	City	State/Provinc	e
Count	try Postal C	codePhone _	Offices/Positions H	feld Director, Latin America
Superv	visor / Contact			
Begin	ning/Ending		surance Company & Laurel	Life Insurance
Addre	ess 900 Congress Ave	City Austin	State/Provinc	e TX
Count	try USA Postal C	Code 78701 Phone 81	3-287-1602 Offices/Positions I	Held Director
Super	visor / Contact Dodridge Mil	ler		
	ning/Ending (MM/YY)6/101/11	Employer's Name S	agicor Life Insurance Company	ii
Addre	ess 900 Congress Ave	City Austin	State/Province	TX
Count	try USA Postal C	Code 78701Phone 81.	3-287-1602 Offices/Positions I	Held President & CEO
Super	visor / Contact Dodridge Mil	ler		
Begin Dates	ning/Ending (MM/YY)3/2000 6/20	10 Employer's Name G	Framercy Insurance Company	·
Addre	ess	City Atlanta	State/Province	GA
Count	try USA Postal C	code 30071Phone 77	0-330-2422 Offices/Positions I	Held President & CEO
Super	visor / Contact Joan Hamme	r		
-				

Applic	ant N	ame (Company) Sagicor Life Insurance Company		NAIC No. 60445
9.	a.	Have you ever been in a position which required bond, give details.	a fidelity bond? No	FEIN: 74-1915841  If any claims were made on the
	ъ.	Have you ever been denied an individual or positi If yes, give details. No	on schedule fidelity bo	nd, or had a bond canceled or revoked?
10.	or g in t the lice nur nur	t any professional, occupational and vocational lice governmental licensing agency or regulatory author the past. For any non-insurance regulatory issuer, id licensing authority or regulatory body having ju- nse number is your Social Security Number (SSI), there that are reasonably identifiable as your SSN, there that is represented by your SSN. (For exam- ach additional pages if the space provided is insuffi-	ity or licensing authori entify and provide the r risdiction over the lice N) or embeds your SS I, then write SSN for t uple, "SSN", "12-SSN	ty that you presently hold or have held name, address and telephone number of case (s) issued. If your professional N or any sequence of more than five that portion of the professional license
Organi	zatio	/Issuer of License North Carolina Bar	Address PO Box 2614	3
City R	aleigl	State/Province NC	Country USA	Postal Code 27611
License	е Тур	e Bar LicenseLicense #20276	Date Issued (I	/IM/YY)08/92
Date E	xpire	1 (MM/YY) Active Reason for Termin	nation	
		ce Regulatory Phone Number (if known		
		n/Issuer of License Georgia Bar License		
		State/Province GA	*	X2
		e Bar License License # 107025		
		d (MM/YY) Active Reason for Termi		
	200	ce Regulatory Phone Number (if known)		
11.	In	responding to the following, if the record has been record was sealed or expunged, an affiant may resp	sealed or expunged, and	f the affiant has personally verified that
	8.	Been refused an occupational, professional, or vo public administrative, or governmental licensing a No	igency?	mit by any regulatory authority, or any
	b.	Had any occupational, professional, or vocational judicial, administrative, regulatory, or disciplinary No	action?	
	c.	Been placed on probation or had a fine levied aga license or permit in any judicial, administrative, re No	egulatory, or disciplinar	y action?
2.0	d.	Been charged with, or indicted for, any criminal of		· ·
	e.	Pled guilty, or nolo contendere, or been convicted No		
	f.	Had adjudication of guilt withheld, had a senter suspended, or been pardoned, fined, or placed or offenses? No	n probation, for any cri	minal offense(s) other than civil traffic

	administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another coregulating the business of insurance, securities or banking, or from carrying out any particular practices in the course of the business of insurance, securities or banking? No
<u>h</u> .	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
If dis	the response to any question above is answered "Yes", please provide details including dates, local position, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
No	ne
pos per or	n "control" (including the terms "controlling," "controlled by" and "under common control with") mean session, direct or indirect, of the power to direct or cause the direction of the management and policies son, whether through the ownership of voting securities, by contract other than a commercial contract for non-management services, or otherwise, unless the power is the result of an official position with or con-
pos per or off hol	n "control" (including the terms "controlling," "controlled by" and "under common control with") mean session, direct or indirect, of the power to direct or cause the direction of the management and policies son, whether through the ownership of voting securities, by contract other than a commercial contract for non-management services, or otherwise, unless the power is the result of an official position with or contice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, conds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of the person. None
pos per or offi hol oth	t any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly in "control" (including the terms "controlling," "controlled by" and "under common control with") mean session, direct or indirect, of the power to direct or cause the direction of the management and policies son, whether through the ownership of voting securities, by contract other than a commercial contract for mon-management services, or otherwise, unless the power is the result of an official position with or complice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, conds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities over person. None
pos per of the final post of t	n "control" (including the terms "controlling," "controlled by" and "under common control with") mean session, direct or indirect, of the power to direct or cause the direction of the management and policies son, whether through the ownership of voting securities, by contract other than a commercial contract for non-management services, or otherwise, unless the power is the result of an official position with or confice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, conds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of the person. None

Applio	ant N	fame (Company)	Sagicor Life Insurance Comp	osuv	NAIC No. 60445 FEIN: 74-1915841
14.	Ha	ve you ever been	adjudged a bankrupt? No	If yes, provide details _	
15.	(b)	mmittee member while you	key management employee served in such capacity? If y	or controlling stockholder, yes, please indicate and give	officer or director, trustee, investment had any of the following events occur details. When responding to questions hs after his or her departure from the
	a.	Been refused a agency? No	permit, license, or certificate	of authority by any regulator	ry authority, or Governmental-licensing
	b.	any judicial, ad	ministrative, regulatory, or dis	sciplinary action (including	canceled, non-renewed, or subjected to rehabilitation, liquidation, receivership, ision or any other similar proceeding)?
		No			
	C.	in any civil, cri	minal, administrative, regulat	ory, or disciplinary action?	rmit, license, or certificate of authority Yes, Administrative penalty resulting a unapproved loan to director:
	77.58	ote: If an affiar and an exp	t has any doubt about the accillanation provided.	uracy of an answer, the ques	tion should be answered in the positive
Dated on my	and s	igned thisbehalf, and that t	day of Man	<u>uat 2012</u> I hereby certify un we and correct to the best of	nder penalty of perjury that I am acting my knowledge and belief.
		2000	an Carell		
		(Signature o			
State o	of £	Torida	County of: ##1/5k	bourgh	,
The fo	negor	ng msument wa	s acknowledged before me th	is 2 day of MAC	2012By
l	W	ho is personally l	known to me, or		
			following identification:		
	[S]	EAL]	ROBERTA L HONEYCUTT MY COMMISSION #EE1498 EXPIRES: DEC 22, 2015 Bonded through 1st State Insura		Roberta L Honey Public Policy Public Printed Notary Name 12/23/15 My Commission Expires

NAIC No. 60445 FEIN: 74-1915841

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

## (Print or Type)

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

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

Sagicor Life Insurance Company 900 Congress Avenue; Suite 300 Austin, TX 78701

1.	Affiant's Full Name	(Initials Not Accepta	ble). Todd Michae	el Campbell	
2.	Have you ever used any, if none indicate				_ If yes, give the reason if
	ning/Ending ) Used (MM/YY)	Name(s)	œ	Reason (If None, indica	te such)
			•		
				1000	-
			-		
Note: be an c	Dates provided in res overlap of dates when to			nate. Parties using this form	understand that there could
3.	Affiant's Social Secu	rity Number			
4.	Government Identifie	cation Number if not	a U.S. Citizen		
5.	Foreign Student ID#	(if applicable)			•
6.	Date of Birth: (MM/) State/Province North	DD/YY)	Place of B	irth: City Grand Forks	-
7	Name of Affiant's St	oouse (if applicable)	Laurie Campbell		

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

Dates					
(MM/YY)	Address	City	State/ Province	Country	Postal Code
200000000000000000000000000000000000000			3	20.000	T OSIAI COUC
1/12-Present		Atlanta	GA	USA	30327
6/01-1/12 30305		Atlant	a	GA	USA
5/00-4/01 30327	40-1-01-0	Atlanta		GA	USA
3/94-5/00 30318		Atlanta	ē	GA	USA
7/91-3/94 30317		Atlanta		GA	USA
Dated and signed tunder penalty of p	this 2 day of day of and belief.	E March 20	12 at SAOlie	COR	I hereby certify nd correct to the bes
Dated and signed under penalty of pof my knowledge	this 2 and day of day o	f Marsh 3-00 on my own behalf, an	at SAOLO	COR	I hereby certify nd correct to the bes
Dated and signed under penalty of pof my knowledge.  State of Floria.  The foregoing inst	this 2 md day of the d	f Marsh 3-40 on my own behalf, and the state of Hills bout	at SAOLO  and that the foregoin	202 ng statements are true a	nd correct to the bes
Dated and signed under penalty of pof my knowledge.  State of Floria The foregoing instance.	this 2 of day of	on my own behalf, and the state of the state	at SAOLO and that the foregoin	202 ng statements are true a	nd correct to the bes
Dated and signed under penalty of pof my knowledge.  State of Floria  The foregoing inst  Who is p	this 2 day of da	on my own behalf, and the state of Hills bounged before me this or	at SAOLO and that the foregoin	202 ng statements are true a	nd correct to the bes
Dated and signed under penalty of pof my knowledge.  State of Floria  The foregoing instance who is p	this 2 day of da	on my own behalf, and the state of Hills bounged before me this or	at SAOLO and that the foregoin	202 ng statements are true a	nd correct to the bes

NAIC No. 60445 FEIN: 74-1915841

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

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100.

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

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

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

A true copy of this Disclosure and Authorization shall be valid and have the same for Todd Michael Campbell, Atlanta GA 30327  (Printed Full Name and Residence Addres	
	1.60
(Signature)	2.3.2012 (Date)
State of Florida County of Hillsbourgh	(Daile)
The foregoing instrument was acknowledged before me this 2	day of MARCh 20 12 By
who is personally known to me, or	
who produced the following identification:	DILVII 1
[SEAL]  ROBERTA L HONEYCUTT  MY COMMISSION #EE149817  EXPIRES: DEC 22, 2015	Roberta L. Honegard Roberta L. Honegard Printed Notary Name
Bonded through 1st State Insurance	My Commission Expires

NAIC No. 60445 FEIN: 74-1915841

## DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

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

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100.

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

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

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

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

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original. Todd Michael Campbell, Atlanta GA 30327 (Printed Full Name and Residence Address) County of Hillsbourgh foregoing instrument was acknowledged before me this and who is personally known to me, or who produced the following identification: [SEAL] ROBERTA L HONEYCUTT MY COMMISSION #EE149817 Printed Notary Name EXPIRES: DEC 22, 2015 15 Bonded through 1st State Insuranco Commission Expires Authorization will be maintained as confidential.

NAIC No. 60445 FEIN: 74-1915841

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of Sagicor Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100 ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Catherine Hauek, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100.

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

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 Todd Michael Campbell.  Atlanta GA 30327	3
Printed Full Name and Residence Addre	2-3,2012
State of forida County of Hillshourgh	(Date)
The foregoing instrument was acknowledged before me this, and, who is personally known to me, or	day of <i>MARM</i> 20 <i>12</i> By
who produced the following identification:	Polarta Illian - of
[SEAL]	Roberta Laneurix
ROBERTA L HONEYCUTT MY COMMISSION #EE149817 EXPIRES: DEC 22, 2015 Bonded through 1st State Insurance	Printed Notary Name  12-22-13  My Commission Expires

NAIC No. <u>60445</u> FEIN: <u>74-1915841</u>

## Employment - Todd Michael Campbell

Beginning/Ending Dates (MM/YY) <u>2000 - 2003</u> Employer's Name: <u>Warranty Corporation of America</u>
Address: City: Atlanta State/Province: GA
Country: USA Postal Code: 30071 Phone: 770-330-2422
Offices/Positions Held: General Counsel Supervisor / Contact: Joan Hammer
Beginning/Ending Dates (MM/YY) 1998 - 2000 Employer's Name: Golden & Gregory, LLP
Address: City: Atlanta State/Province: GA
Country: USA Postal Code: Phone: 404-873-8500
Offices/Positions Held: Partner (1999-2000); Associate (1998-1999)
Supervisor / Contact: Office Manager
Beginning/Ending Dates (MM/YY) 1991-1998 Employer's Name: Associate in the Practice of Law
Address: City: Atlanta State/Province: GA
Country: USA Postal Code: Phone: 404-873-8500
Offices/Positions Held: <u>Associate</u> Supervisor / Contact: <u>Office Manager</u>

#### **BIOGRAPHICAL AFFIDAVIT**

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

## (Print or Type)

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

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

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1.	Affiant's Full	Name (In	itials Not Acce	eptable). T	fodd Michael	Campbell	· · · · · · · · · · · · · · · · · · ·		
2.	a. Are you a	citizen o	f the United St	ates? Yes					
No	b. Are y	ou a	citizen	of a	ny other	country,	if so,	what	country?
3.	Affiant's Occu	ipation or	Profession. D	irector, L	atin America	, CBL Insuranc	e Limited		
4.	Affiant's busin	ness addre	ess						
	Business telep	hone				· · · · · ·			
5.	Education and	l Training	:						
College	e/ University		City/S	State		Dates Attended	L(MM/YY)	$\mathbf{D}_{\mathbf{f}}$	egree Obtained
Appala	achian State Un	iversity	Boone,	NC		1983-1987			BS History
<u>Gradua</u>	ate Studies:	Colle	ge/ University	<u>Ci</u>	ty/ State	Dates Attended	I (MM/YY)	De	egree Obtained
_	r University Sc					Macon, GA		. <b></b>	1988-1991
							**	•	
Other 3	Training; Name	<u>(</u>	ity/ State	<u>D</u> a	ates Attended	(MM/YY)	<u>Degr</u>	ee/Certific	ation Obtained
(Note:		ovide the	foreign studen			ss and telephone r in the space pro			

Applicant Name (Company) PEMCO Life Insurance Company	Applicant Name (	(Company)	PEMCO Li	fe Insurance	Company
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		If yes, give details. No					
10.	or in the lice num	my professional, occupational and vocational licenses (including licenses to sell securities) issued by any public vernmental licensing agency or regulatory authority or licensing authority that you presently hold or have held past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of censing authority or regulatory body having jurisdiction over the license (s) issued. If your professional remarks a number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five hers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license her that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). In additional pages if the space provided is insufficient					
Organ	izatio	ssuer of License North Carolina Bar Address PO Box 26148					
City R	laleig	State/Province NC Country USA Postal Code 27611					
Licens	е Тур	Bar License License #20276 Date Issued (MM/YY)08/92					
Date E	Expire	(MM/YY) Active Reason for Termination					
Non-ii	nsurar	Regulatory Phone Number (if known					
Organ	izatio	Issuer of License Georgia Bar License Address 104 Marietta Street					
City A	tlant	State/Province GA Country USA Postal Code 30303					
Licens	е Тур	Bar License  License # 107025 Date Issued (MM/YY) 06/91					
Date E	Ехріге	(MM/YY) Active Reason for Termination					
Non-ii	nsurai	Regulatory Phone Number (if known)					
11.		sponding to the following, if the record has been sealed or expunged, and the affiant has personally verified that scord was sealed or expunged, an affiant may respond "no" to the question. Have you ever:					
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?					
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any udicial, administrative, regulatory, or disciplinary action?					
	C.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational icense or permit in any judicial, administrative, regulatory, or disciplinary action?  No					
	đ.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No					
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?					
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No					
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country					

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, financial dispute? No
Í.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
If dis	the response to any question above is answered "Yes", please provide details including dates, loca position, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
No	пе
ter	m "control" (including the terms "controlling," "controlled by" and "under common control with") mean
pos per or off hol	m "control" (including the terms "controlling," "controlled by" and "under common control with") mean session, direct or indirect, of the power to direct or cause the direction of the management and policies son, whether through the ownership of voting securities, by contract other than a commercial contract for non-management services, or otherwise, unless the power is the result of an official position with or corplice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, con
pos per or off hol	on "control" (including the terms "controlling," "controlled by" and "under common control with") means session, direct or indirect, of the power to direct or cause the direction of the management and policies son, whether through the ownership of voting securities, by contract other than a commercial contract for non-management services, or otherwise, unless the power is the result of an official position with or confice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, confids with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of the
po: per or off hol oth	st any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly in "control" (including the terms "controlling," "controlled by" and "under common control with") mean session, direct or indirect, of the power to direct or cause the direction of the management and policies son, whether through the ownership of voting securities, by contract other than a commercial contract for a non-management services, or otherwise, unless the power is the result of an official position with or corplice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, corplice with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of the person. None  any of the stock is pledged or hypothecated in any way, give details.
terr post per off off hold off hold of reg dir with story	m "control" (including the terms "controlling," "controlled by" and "under common control with") mean assession, direct or indirect, of the power to direct or cause the direction of the management and policies son, whether through the ownership of voting securities, by contract other than a commercial contract for mon-management services, or otherwise, unless the power is the result of an official position with or corplice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, condess with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of the person. None

Applic	ant N	ame (Company) PEMCO Life Insurance Company	NAIC No. 71803 FEIN: 91-6032372				
14.	На	ve you ever been adjudged a bankrupt? No If yes, provide details					
15.	(b)	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.					
	a.	Been refused a permit, license, or certificate of authority by any regulatory agency? No	<del>-</del>				
	b.	Had its permit, license, or certificate of authority suspended, revoked, ca any judicial, administrative, regulatory, or disciplinary action (including re conservatorship, federal bankruptcy proceeding, state insolvency, supervise	unceled, non-renewed, or subjected to chabilitation, liquidation, receivership, sion or any other similar proceeding)?				
		No					
	C.	Been placed on probation or had a fine levied against it or against its per in any civil, criminal, administrative, regulatory, or disciplinary action? Y from year 2000 triennial exam; Administrative penalty resulting from	es, Administrative penalty resulting				
	No	and an explanation provided.	-				
Dated a	and s own	igned this 2 nd day of Muhau us I hereby certify und behalf, and that the foregoing statements are true and correct to the best of n	der penalty of perjury that I am acting ny knowledge and belief.				
		(Signature of Affiant)					
State o	f_ <b>_</b>	loridor County of: Hillsbourgh	,				
The fo	regoi	ng instrument was acknowledged before me this <u>3</u> day of <u>MARIA</u> npbell, and:	<u>/</u> 2012 By				
L	_w	no is personally known to me, or					
_	w	no produced the following identification:	<u></u>				

[SEAL]

ROBERTA L HONEYCUTT
MY COMMISSION #EE149817
EXPIRES: DEC 22, 2015
Borked through 1st State Insurance

Roberta L Honge Wolic
Roberta L Honeger
Printed Notary Name
12/22/15
My Commission Expires

NAIC No. 60445 FEIN; 74-1915841

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

## (Print or Type)

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

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

PEMCO Life Insurance Company

# 701 Fifth Avenue **Suite 3600** Seattle, WA 98104 Todd M. Wall Campbell 1. Affiant's Full Name (Initials Not Acceptable). 2. Have you ever used any other name including nickname, maiden name or aliases? \_\_\_\_\_ If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **Beginning/Ending** Name(s) Reason (If None, indicate such) Date(s) Used (MM/YY)

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.

## Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. <u>71803</u> FEIN: 91-6032372

3.	Affiant's Social Security Number
4.	Government Identification Number if not a U.S. Citizen
õ.	Foreign Student ID# (if applicable)
6.	Date of Birth: (MM/DD/YY)  Place of Birth: City Grand Forks  Country USA  Place of Birth: City Grand Forks
7	Name of Affiant's Spouse (if applicable) Laurie Campbell

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

Beginning/Ending Dates	-		State/		
(MM/YY)	Address	City	Province	Country	Postal Code
1/12-Present		Atlanta	GA	USA	30327
6/01-1/12 30305		Atlant	a	GA	USA
5/00-4/01 30327		Atlanta		GA	USA
3/94-5/00 30318		Atlanta		GA	USA
7/91-3/94 30317		Atlanta		GA	USA
of my knowledge a	hn. Lowe- (Signature of Affiant)	ty of Hillsbou	orgh	ag statements are true an	
T CAMP	rument was acknowledg	ged before the this	day of 1	<b>///PCL</b> , 2012 By	
who is po	ersonally known to me,	or			
who proc	duced the following idea	ntification:			
[SEAL]	MY MY	ROBERTA L HONEYCUTT COMMISSION #EE149817 EXPIRES: DEC 22, 2015 Hed through 1st State Insurance		12/22	Aneyert ary Positic Honeyer Notary Name 118 mission Expires

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

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100.

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

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

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

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original. Todd Michael Campbell, NW Atlanta GA 30327 (Printed Full Name and Residence Address) (Signature) County of Hillsbourgh The foregoing instrument was acknowledged before me this 3 day of Mach 20/2 By who is personally known to me, or who produced the following identification: [SEAL] ROBERTA L HONEYCUTT MY COMMISSION #EE149817 Printed Notary Name EXPIRES: DEC 22, 2015 Bonded through 1st State Insurance My Commission Expires

NAIC No. 60445 FEIN: 74-1915841

My Commission Expires

## DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

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

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100.

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

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

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

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

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

Atlanta GA 30327

(Printed Full Name and Residence Address)

(Signature)

State of Flovider County of Hillsbourgh

The foregoing instrument was acknowledged before me this 3 day of Malah, 20/2 By

Campbell and

who is personally known to me, or

who produced the following identification:

[SEAL]

ROBERTAL HONEYCUTT

MY COMMISSION #EE149817

EXPRES: IDEC 22, 2015

Boroed through 1st State Insurance

## DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of Sagicor Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100 ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Anthorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100

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

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

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

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

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original. Todd Michael Campbell, Atlanta GA 30327 (Printed Full Name and Residence Address) State of florida (Signature)

Count County of Hillshotoca The foregoing instrument was acknowledged before me this 3 J CAMPBELL , and who is personally known to me, or who produced the following identification: [SEAL] ROBERTA L HONEYCUTT TY COMMISSION #EE149817 EXPIRES: DEC 22, 2015 My Commission Expires

Bonded through 1st State Insurance



## AMERICAN BUREAU OF INVESTIGATION, INC.

License #1001967

Phone: (602) 257-1977 Fax: (602) 275-8835 P.O. Box 15740 Phoemix, AZ 85060-5740

March 1, 2012

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

ATTN:

MARITZA POTTINGER

## EMPLOYMENT BACKGROUND SCREENING

for

Todd Michael Campbell

Date Of Birth:

Social Security Number:

**FULTON COUNTY, GEORGIA** 

CRIMINAL (Felony) No history found in the upper court records accessed for an

individual bearing this name and identifiers.

CRIMINAL (Misdemeanor) Research in the county of residence for criminal violations

in the past seven years for this Subject reflected no entries.

DRIVER HISTORY Georgia operator license #042631130. Issue Date:

06/02/1993, expiration date: 01/01/2019 Status: Clear

record reported.

WARRANTS This name was submitted for outstanding warrants and the

results indicated that there were none for this subject.

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

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

Status : Completed

Investigation Type: County Criminal

Refnum: SAG

Name: CAMPBELL, TODD M

SSN:

Date of Birth:

City: ATLANTA

County: FULTON

State: Georgia - GA

Entry Date: 02/29/12 11:48 AM Complete Date: 03/01/12 7:25 AM

Has Record? No

File Number:

Court: SUPERIOR/STATE

Index Name:

Index SSN:

Index DOB:

Other ID:

Case Number:

Charge Level:

Date Filed:

Counts:

Charges:

Disposition:

Disposition Date:

Sentence:

Sentence Date:

File Identifiers:

Search Dates: 03/01/2005 - 03/01/2012

Memo:

GEURGIA Driver Record - 51255 Urder Date: 02/29/2012 Seq #: 0 Host Used: Online Bill Code: 64 Rec Type: THREE YEAR Reference: Period: THREE YEAR 042631130 License: CAMPBELL, TODD MICHAEL Name: Address: City, St. As of: Sex: Weight: DOB: Age: Height: Eyes: Iss Date: 05/22/2010 Hair: Exp Date: 01/01/2019 Year License First Issued: 06/02/1993 STATUS: VALID Violations/Convictions Failures To Appear Accidents \*\*\* NONE TO REPORT \*\*\* Suspensions/Revocations \*\*\* NO ACTIVITY \*\*\* License and Permit Information License: PERSONAL Issue: 05/22/2010 Expire: 01/01/2019 Status: VALID Class: C SINGLE VEH < 26K Restriction: CORRECTIVE LENSES Miscellaneous State Data TOTAL STATE POINTS: 0

(CONTROL NUMBER: 2KRM4S)

END OF REPORT FOR CAMPBELL, TODD MICHAEL

#### BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

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

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1.	Affiant's Full Name (Initials Not Acceptable). Todd Michael Campbell						
2.	a. Are you a	citizen of the	United States?	Yes			
	b. Are you a	citizen of an	y other country,	if so, what cour	ntry? No		
3.	Affiant's Occup	pation or Pro	ofession. Direct	or, Latin Amer	ica, CBL Insurance Li	mited	
4.	4. Affiant's business address.						
	Business teleph	none.					
5.	Education and	Training:					
College	/ University		City/ State		Dates Attended (MI	M/YY)	Degree Obtained
Appala	chian State Uni	versity	Boone, NC		1983-1987	- a	BS History
Graduat	te Studies:	College/	University	City/ State	Dates Attended (MI	M/YY)	Degree Obtained
Mercer	University Sch	ool of Law		Macon, GA	1988-1991		JD
Other T	raining: Name	<u>City/</u>	State	Dates Attende	ed (MM/YY)	Degree/Ce	rtification Obtained
(Note:		vide the fore	ign student Ide		ress and telephone number in the space provided		

6.	List of membersh	ips in professional s	ocieties and associ	ations.	
	Name of Society/Association State Bar of Geor		tact Name f Brashier	Address of Society/Association 104 Marietta Street Atlanta, GA 30303	Telephone Number of Society/Association 404-527-8710
_	State Bar of Nor Carolina	th	None	PO Box 26148 Raleigh, NC 27611	919-733-0123
7.	Present or propos	ed position with the	applicant entity. I	Director	
8.	including present officerships). Plea	jobs, positions, par ase list the most rec	tnerships, owner o ent first. Attach ac	f an entity, administrator, m	nsated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only (10) years.
	ning/Ending (MM/YY)2010	Present Em	nployer's Name La	arkspur Group Inc	
Addre	ess	c	City	State/Provin	ice
Count	try	Postal Code	Phone	Offices/Positions	Held Director, Latin America
Super	visor / Contact				
	ning/Ending (MM/YY) <b>2006- 2</b> 0	10 Employer's Nan	ne Sagicor Life In	surance Company & Laure	el Life Insurance
Addre	ess 900 Congress Av	e (	City Austin	State/Provin	ace TX
Count	try USA	Postal Code 78701	Phone 813	3-287-1602 Offices/Positions	Held Director
Super	visor / Contact Dodr	idge Miller			
Begin Dates	uning/Ending (MM/YY)03/2000	6/2010En	nployer's Name <b>G</b>	ramercy Insurance Compa	ny
Addre	ess	0	City Atlanta	State/Provin	ce GA
Count	try USA	Postal Code 30071	Phone 770	-330-2422 Offices/Positions	Held President & CEO
Super	visor / Contact Joan	Hammer			
-					

Applic	ant N	Name (Company) PEMCO Life Insurance Company	NAIC No. 71803						
9.		Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details.							
	b.	Have you ever been denied an individual or position schedule fidelity bo	and, or had a bond canceled or revoked?						
10.	or g in t the lice nur nur	List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued If your professional icense number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)) attach additional pages if the space provided is insufficient							
Organi	zatio	on/Issuer of License North Carolina Bar Address PO Box 2614	8						
City R	aleigl	gh State/Province NC Country USA	Postal Code <b>27611</b>						
		pe Bar License License #20276 Date Issued (							
		ed (MM/YY) Active Reason for Termination							
		nce Regulatory Phone Number (if known							
		on /Issuer of License Georgia Bar License Address 104 Marietta							
		ta State/Province GA Country USA							
		pe Bar License License # 107025 Date Issued (							
			WIWD 1 1 ) 00/91						
		ed (MM/YY) Active Reason for Termination							
Non-in	suran	nce Regulatory Phone Number (if known)							
11.		responding to the following, if the record has been sealed or expunged, an erecord was sealed or expunged, an affiant may respond "no" to the question							
	a.	Been refused an occupational, professional, or vocational license or per public administrative, or governmental licensing agency?  No							
	b.								
	c.								

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No

Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

	suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	the response to any question above is answered "Yes", please provide details including dates, locations, position, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
Noi	ne
terr pos	n "control" (including the terms "controlling," "controlled by" and "under common control with") means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a
terr pos pers or i offi hole	n "control" (including the terms "controlling," "controlled by" and "under common control with") means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a son, whether through the ownership of voting securities, by contract other than a commercial contract for goods non-management services, or otherwise, unless the power is the result of an official position with or corporate ce held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,
terr pos per: or 1 offi hole othe	t any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a son, whether through the ownership of voting securities, by contract other than a commercial contract for goods non-management services, or otherwise, unless the power is the result of an official position with or corporate ce held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, ds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any er person. None
terr pos pers or i offi hole othe ————————————————————————————————————	n "control" (including the terms "controlling," "controlled by" and "under common control with") means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a son, whether through the ownership of voting securities, by contract other than a commercial contract for goods non-management services, or otherwise, unless the power is the result of an official position with or corporate ce held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, ds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person. None

who is personally known to me, or

who produced the following identification:

Printed Notary Name

(2/22/15

My Commission Expires

## **BIOGRAPHICAL AFFIDAVIT** Supplemental Personal Information

## (Print or Type)

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

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

			D Life Insurance 701 Fifth Aven Suite 3600 Seattle, WA 981	ue 104	
1.	Affiant's Full Name (	nitials Not Acceptab	le). <u>Todd Michae</u>	I Campbell	
2.	Have you ever used a any, if none indicate s				_ If yes, give the reason if
	ning/Ending ) Used (MM/YY)	Name(s)		Reason (If None, indicate	te such)
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		<del>8</del>		-	
				-	
-					
Note: be an o	Dates provided in responsiverlap of dates when tra			ate. Parties using this form	understand that there could
3.	Affiant's Social Secur	ity Number			
4.	Government Identifica	ntion Number if not a	U.S. Citizen		
5.	Foreign Student ID# (	if applicable)			
6.	Date of Birth: (MM/D State/Province North		Place of Bir	rth: City <b>Grand Forks</b>	
7	Name of Affiant's Sp	ouse (if applicable) L	aurie Campbell_		

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

Beginning/Ending Dates	16 1807	City	State/	Country	D 1 C - 1
(MM/YY)	Address	- City	Province	Country	Postal Code
1/12-Present		Atlanta	GA	USA	30327
6/01-1/12 30305			a	GA	USA
5/00-4/01 30327				GA	USA
3/94-5/00 30318	е	Atlanta		GA	USA
7/91-3/94 30317		Atlanta		GA	USA
of my knowledge and state of Flor	M. Church (Signature of Affiant)	nty of Hillsbou	prah	egico en are true are statements are true are la statements are la statements are la statements are la statements are la statement are la s	
TCAMP	bell, and:				
, ,	ersonally known to me,	or			
who prod	duced the following ide	ntification:		<del>-</del>	
[SEAL]	MAN MAN	ROBERTA L HONEYCUTT / COMMISSION #E149817 EXPIRES: DEC 22, 2015 ded through 1st State Insurance		12/22	Any Prolic ary Prolic - Honeyev V Notary Name - 15 mission Expires

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

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100.

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

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

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

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.  Todd Michael Campbell,  (Printed Full Name and Residence Address)
(Signature) (Signature) (Date)
State of Florida County of Hillsbourgh
The foregoing instrument was acknowledged before me this 3 day of MACM 2012 By Campbell, and
who is personally known to me, or
who produced the following identification:
[SEAL]  ROBERTA L HONEYCUTT  MY COMMISSION #EE149817  EXPIRES: DEC 22, 2015  Bonded through 1st State Insurance  My Commission Expires

## DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

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

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100.

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

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

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

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

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original. Todd Michael Campbell, Atlanta GA 30327 (Printed Full Name and Residence Address) (Signature) County of Hillsbourgh The foregoing instrument was acknowledged before me this 3 day of MARAN. 2012\_ Who is personally known to me, or who produced the following identification: [SEAL] ROBERTA L HONEYCUTT MY COMMISSION #EE149817 Printed Notary Name EXPIRES: DEC 22, 2015 Bonded through 1st State Insurance Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of Sagicor Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100 ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Catherine Hauck, VP Human Resources, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251 480-425-5100.

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

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

Under section 1786,22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

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

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

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

Atlanta GA 30327

(Printed Full Name and Residence Address)

State of County of Fills bottocy

The foregoing instrument was acknowledged before me this day of March 20 12 By

The foregoing instrument was acknowledged before me this day of March 20 12 By

The foregoing instrument was acknowledged before me this day of March 20 12 By

ROBERTAL HONEYCUTT

MY COMMISSION #EE149817

EXPIRES: DEC 22, 2015

Bonded through 1st State insurances

My Commission Expires