#### 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). Robert Edward Kell
- 2. a. Are you a citizen of the United States? Yes
  - b. Are you a citizen of any other country, if so, what country? No
- 3. Affiant's Occupation or Profession. Actuary
- 4. Affiant's business address. 4343 N Scottsdale Road, Suite 300, Scottsdale, AZ 85251

Business telephone. 480 425 5100 Ext 5615

5. Education and Training:

College/ University	City/ State		Dates Attended (MM	<u>/YY)</u>	Degree Obtained
Lansing Community Col Michigan State Universit			1969 - 1971 1971 – 1973	B.S. Comp	outer Science
Graduate Studies:	College/ University	City/ State	Dates Attended (MM	<u>/YY)</u>	Degree Obtained
				<del>-</del>	
Other Training: Name	City/ State	Dates Attend	led (MM/YY)	Degree/Cer	tification Obtained
	ed a foreign school, please point identified in the foreign student Iden				

Supplemental Information.)

6.	List of memberships in profe	ssional societies and asse	ociations,	
	Name of Society/Association	Confact Name	Address of Society/Association	Telephone Number of Society/Association
Soc	riety of Actuaries		475 N, Martingale Rd., Suite 600, Schaumburg, Illinois 60173	
	tuaries		1850 M Street NW Washington, DC 20036	202 223 8196
7.			. Valuation Actuary	
8.	including present jobs, posit officerships). Please list the	ions, partnerships, owner most recent first. Attach	ity (20) years, whether compens of an entity, administrator, man additional pages if the space pro- ory information for the past ten (1	ager, operator, directorates or vided is insufficient. It is only
	ng/Ending MM/YY) <u>09/05- present</u> Er	nployer's Name Sagicoi	Life Insurance Company	
Address	4343 N Scottsdale Rd Suite	300 _ City Scottsdale	State/Province AZ	
Country	USA Postal Code 85251	Phone 480 425 5100	Offices/Positions Held: Va	luation Actuary
Supervi	sor / Contact Bart Catmuli			
	ng/Ending MM/YY) <u>06/98- 09/05</u> Emp	loyer's Name Oxford Li	fe Insurance Company	
Address	2707 North Central Ave C	ity <u>Phoenix</u> , State/Prov	vince AZ	
Country	USA Postal Code I	Phone 602 263 6666 C	Offices/Positions Held Valuation	Actuary
Supervi	sor / Contact Jason Berg			
	ng/Ending MM/YY)^	Employer's Name		
Address	<u> </u>	City	State/Province	
Country	Postal Cod	lePhone _	Offices/Positions H	eld
Supervi	sor / Contact			
Beginni	ng/Ending		<u> </u>	
Address	s	City	State/Province	
Country	Postal Cod	lePhone _	Offices/Positions H	eld
Supervi	sor / Contact			

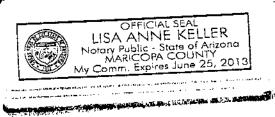
9.	a.	Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details					
	b.	Have you ever been denied an individu					
10,	or gin to the lice nur	t any professional, occupational and voc governmental licensing agency or regula- he past. For any non-insurance regulator licensing authority or regulatory body ense number is your Social Security N inbers that are reasonably identifiable a inber that is represented by your SSN, ach additional pages if the space provide	ational licenses (including tory authority or licensing y issuer, identify and providenting jurisdiction over umber (SSN) or embeds your SSN, then write SS (For example, "SSN", "Ed is insufficient	licenses to authority t ide the nam the license your SSN of SN for that 12-SSN-34	sell securities) issued by any public hat you presently hold or have held at you presently hold or have held at address and telephone number of a (s) issued. If your professional or any sequence of more than five portion of the professional license 5" or "1234-SSN" (last 6 digits)).		
Organi	zatio	n/Issuer of License	Address				
City _		State/Province	Country		Postal Code		
License	е Тур	e License #	Date Is	ssued (MM	/YY)		
Date E	xpire	d (MM/YY) Reason	for Termination				
Non-in	surar	ice Regulatory Phone Number (if known			<del></del>		
Organi	zatio	n/Issuer of License	Address				
City .		State/Province	Country		Postal Code		
Licens	е Тур	e License #	Date I	ssued (MM	/YYY)		
Date E	xpire	d (MM/YY) Reason	n for Termination				
		nce Regulatory Phone Number (if known					
11.		responding to the following, if the record record was sealed or expunged, an affia					
	a.	Been refused an occupational, profess public administrative, or governmental No	licensing agency?	-			
	Ъ.	Had any occupational, professional, o judicial, administrative, regulatory, or No	c vocational license or perd disciplinary action?	mit you ho	ld or have held, been subject to any		
	c.	Been placed on probation or had a fine license or permit in any judicial, admir	levied against you or youn histrative, regulatory, or dis	occupation sciplinary a	nal, professional, or vocational ction? No		
	d.	Been charged with, or indicted for, any					
	e.	Pled guilty, or nolo contendere, or bee		al offense(s	) other than civil traffic offenses?		

	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	he 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.
tem	any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The a "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
poss pers or r office hold	n "control" (including the terms "controlling," "controlled by" and "under common control with") means the
term poss pers or r offic hold othe	a "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, is with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any
term poss person r offin hold other.  If an or c regridire with cum	"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 con-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, is with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any experson.

Applica	nt N	ame (Company) PEMCO Life Insurance Company	NAIC No. 71803 FEIN: 91-6032372
14.	Ha	ve you ever been adjudged a bankrupt? No If yes, provide details _	
15.	con wh	your knowledge has any company or entity for which you were an omittee member, key management employee or controlling stockholder, hat le you served in such capacity? If yes, please indicate and give details. What and should also include any events within twelve (12) months after his or h	d any of the following events occur nen responding to questions (b) and (c)
	a.	Been refused a permit, license, or certificate of authority by any relicensing agency? No	•
	b.	Had its permit, license, or certificate of authority suspended, revoked, cany judicial, administrative, regulatory, or disciplinary action (including reconservatorship, federal bankruptcy proceeding, state insolvency, supervi	ehabilitation, liquidation, receivership, sion or any other similar proceeding)?
	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?	mit, license, or certificate of authority
	No	te: If an affiant has any doubt about the accuracy of an answer, the quest and an explanation provided.	tion should be answered in the positive
		igned this 27 <sup>th</sup> day of February 2012 at Scottsdale, AZ I hereby certing own behalf, and that the foregoing statements are true and correct to the behalf, and that the foregoing statements are true and correct to the behalf, and that the foregoing statements are true and correct to the behalf, and that the foregoing statements are true and correct to the behalf, and that the foregoing statements are true and correct to the behalf and the behalf are true and correct to the behalf are true and true are true and true are true and true are true are true are true are true and true are true	
<del></del>		Colect & Kell (Signature of Affiant)	
State of	f <u>Ari</u> z	zona County of: Maricopa	
The for	egoi	ng instrument was acknowledged before me this 27th day of February, 2012	by Robert Edward Kell, and:

<u>X</u>	who is personally known to me, or		
	_who produced the following identification:	<u>.</u>	
	· · · · · · · · · · · · · · · · · · ·	gusalinne k	010

[SEAL]



Notary Public

<u>LisaAnne Keller</u>

Printed Notary Name

<u>June 25, 2013</u>

My Commission Expires

NAIC No. 71803 JEEN: 94-6032372

# 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

			<b></b>	
l.	Affiant's Full Name (I	nitials Not Acceptab	le). Robert Edwa	rd Kell
2.	Have you ever used a any, if none indicate s			niden name or aliases? _No If yes, give the reason i
	ing/Ending ) Used (MM/YY)	Name(s)		Reason (If None, indicate such)
	<del>-</del>			
			,	
			TENNESSE EN SKRIGE	A Control of the American State of the Control of t
				6
Note: be an o	Dates provided in resp overlap of dates when tra	onse to this question nsitioning from one r	may be approxing ame to another.	nate. Parties using this form understand that there could
3.	Affiant's Social Secur	ity Number		
4.	Government Identifica	ation Number if not a	U.S. Citizen	
5.	Foreign Student ID# (	if applicable)		
6.	Date of Birth: (MM/D State/Province MO	D/YY)	Place of Bi	rth: City Kansas CitySA
7	Name of Affiant's Spo	ouse (if applicable) S	herron Henderson	n Kell

# Applicant Name (Company) PEMCO Life Insurance Company

NAIC No. 71803 FEIN: 91-6032372

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

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
04/98	So	cottsdale,	AZ	USA	85255
			approximate, except for sitioning from one add		ties using this form
		g statements are true	ale, AZ, I hereby certife and correct to the best		
State of Arizona	County of Maricopa				
The foregoing ins	trument was acknowle	edged before me this	27th day of February,	2012 by Robert Edwar	rd Kell, and:
$\underline{\mathbf{X}}$ who is p	ersonally known to m	e, or	•		
who pre	duced the following io	ientification:	· · · · · · · · · · · · · · · · · · ·		
[SEAL]		OFFICIAL SE. LISA ANNE K Notary Public - State MARICOPA COL y Comm. Expires Jun	AL ELLER	<u>LisaAn</u> Printed <u>June 25</u>	ary Public ne Keller Notary Name
	Andrew States States States	FREED NEWS ACCURATION	- Considerable Braining Street		

# 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 produce 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 ("Affant") 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.

Role	Sclosure and Authorization shall be valid and have the same Robert Edward Kell (Printed Full Name and Residence Add LEKEL) (Signature)	e, AZ U <u>SA 85255</u>
State of Arizona	County of Maricopa	e.
The foregoing instrum	nent was acknowledged before me this 27 <sup>th</sup> day of Februar	y 2012 by Robert Edward Kell, and
_	onally known to me, or ed the following identification	
[SEAL]	USA ANNE KELLER Notary Public - State of Arizona MARICOPA COUNTY My Comm. Expires June 25, 2013	Notary Public <u>LisaAnne Keller</u> Printed Notary Name <u>June 25, 2013</u> 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.

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

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. Robert Edward Kell Scottsdale, AZ USA 85255 (Printed Full Name and Residence Address) February 27, 2012 (Date) State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 27th day of February, 2012 by Robert Edward Kell, and X who is personally known to me, or who produced the following identification: Susalinne Keller Notary Public [SEAL]

OFFICIAL SEAL LISA ANNE KELLER Notary Public - State of Arizona MARICOPA COUNTY My Comm. Expires June 25, 2013

LisaAnne Keller Printed Notary Name June 25, 2013

My Commission Expires

THE PARTY WILLIAM STREET STREET, STREE

#### 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 us, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affant") 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.

X\_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. Robert Edward Kell Scottsdale, AZ 85255 (Printed Full Name and Residence Address) February 27, 2012 (Date) State of Arizona County of Maricopa The foregoing instrument was acknowledged before me this 27th day of February, 2012 by Robert Edward Kell, and X who is personally known to me, or who produced the following identification: HUSB GERNE Keller [SEAL] Notary Public LisaAnne Keller LISA ANNE KELLER Printed Notary Name Notary Public - State of Arizona MARICOPA COUNTY June 25, 2013

the second secon

My Commission Expires

Comm. Expires June 25,



# AMERICAN BUREAU OF INVESTIGATION, INC.

License #1001967

Phone: (602) 257-1977 Fax: (602) 275-8835 P.O. Box 15740 Phoenix, 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

Robert Edward Kell

Date Of Birth:

Social Security Number:

ARIZONA STATEWIDE

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 Arizona operator license #B14856982. Issue Date:

10/01/2010, expiration date: 09/02/2016 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.

MVR

ARIZONA NON-RESTRICTED

MOTOR VEHICLE RECORD

NAME

ROBERT, EDWARD, KELL

EXP DATE ISS DATE 09022016 10012010

STREET

CLS D

DOB CUSTOMER# B14856982

FOR PAST 39 MONTHS AS OF 02/29/2012 D250117

WGT EY HGT HR SEX 185 BR 511 BR M

CITY SCOTTSDALE CITY

ST ZIP CTRY AZ 85255 ST ZIP CTRY

RECORD SECTION 01 OF 01

MAILING ADDRESS

RESTRICTIONS: CORRECTIVE LENS

ENDORSEMENTS: NONE

NO ADDITIONAL LICENSES AND/OR PERMITS ON RECORD

ST EXPIRES PREVIOUS LICENSE

PREVIOUS LICENSE ST EXPIRES AZ 09022011 B14856982

AZ 09022016 B14856982

AL 07011999 4470216

NO HISTORY WITHIN SPECIFIED TIME

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* END OF RECORD \* \* \* \* \* \* \* \* \* \* \* \*

#### **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

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

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

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

- 1. Affiant's Full Name (Initials Not Acceptable). Robert Edward Kell
- 2. a. Are you a citizen of the United States? Yes
  - b. Are you a citizen of any other country, if so, what country? NO
- 3. Affiant's Occupation or Profession. Actuary
- Affiant's business address. 4343 N Scottsdale Road, Suite 300, Scottsdale, AZ 85251
   Business telephone. 480 425 5100 Ext 5615
- 5. Education and Training:

Supplemental Information.)

College/ University Lansing Community Co Michigan State University	0,		<u>Dates Attended (M</u> 1969 - 1971		Degree Obtained omputer Science
Graduate Studies:	College/ University	City/ State	Dates Attended (M	IM/YY)	Degree Obtained
Other Training: Name	City/ State	Dates Attende	ed (MM/YY)	Degree/0	Certification Obtained
(Note: If affiant attended)	led a foreign school, please	provide full add	lress and telephone nun	nber of the co	ollege/university. If

applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit

List of memberships in professional societies and associations.

6.

NAIC No. 60445 FEIN: 74-1915841

	Name of Society/Associati	on <u>Con</u>	tact Name	Address of Society/Association	Telephone Number of Society/Association		
So	ociety of Actuaries			475 N, Martingale Rd., Suite 600, Schaumburg, 847 706 3500 Illinois 60173			
	merica Academy ctuaries	of of		1850 M Street NW Washington, DC 20036	202 223 8196		
7.	Present or propos	ed position with the	applicant entity.	Valuation Actuary			
8.	8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to an including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is on necessary to provide telephone numbers and supervisory information for the past ten (10) years.						
_	ning/Ending (MM/YY) 09/05- p	resent Employer's N	Name Sagicor L	ife Insurance Company			
Addres	ss 4343 N Scottsdale	e Rd Suite 300 Cit	y Scottsdale	State/Province AZ			
Countr	y USA Postal Co	ode 85251 Phone	480-425-5100	Offices/Positions Held Valuati	on Actuary		
Superv	risor / Contact Bart	Catmull					
_	ning/Ending (MM/YY) 06/98- 09	9/05 Employer's Na	ume Oxford Life	e Insurance Company			
Addres	ss 2707 North Centr	al Ave City Phoe	nix, State/Prov	ince AZ			
	y USA Postal Cod risor / Contact Jason		602 263 6666 O	offices/Positions Held Valuation	Actuary		
	ning/Ending (MM/YY)	Em	ployer's Name				
Addres	SS	C	ity	State/Province	8. <u> </u>		
Countr	у	Postal Code	Phone _	Offices/Positions H	leld		
Superv	risor / Contact	2. <del>1</del>					
Beginn	ing/Ending						
Addres	ss	C	ity	State/Province	Ą		
Countr	у	Postal Code	Phone _	Offices/Positions H	leld		
Superv	risor / Contact	PLEASE S	SEE ATTACHEI	PAGE !!			

9.	a.	details.					
	b.	Have you ever been denied an individual If yes, give details. No		ule fidelity bond, or had a bond canceled or revoked?			
10.	or g in t the lice num	governmental licensing agency or regulatory the past. For any non-insurance regulatory licensing authority or regulatory body bense number is your Social Security Numbers that are reasonably identifiable as your	ry authority or licissuer, identify an naving jurisdiction ther (SSN) or en your SSN, then we wour sample, "SSN, the stample, "	luding licenses to sell securities) issued by any public tensing authority that you presently hold or have held a provide the name, address and telephone number of an over the license (s) issued If your professional abeds your SSN or any sequence of more than five write SSN for that portion of the professional license SN", "12-SSN-345" or "1234-SSN" (last 6 digits)).			
Organiz	atio	n/Issuer of License	Address				
City _		State/Province	Country	Postal Code			
License	Тур	pe License #		Date Issued (MM/YY)			
Date Ex	pire	d (MM/YY) Reason f	or Termination _				
Non-ins	uran	nce Regulatory Phone Number (if known_					
Organiz	ation	n /Issuer of License	Address				
City _		State/Province	Country	Postal Code			
License	Тур	De License #		Date Issued (MM/YY)			
Date Ex	pire	d (MM/YY) Reason f	or Termination _				
Non-ins	suran	nce Regulatory Phone Number (if known)					
11.		responding to the following, if the record herecord was sealed or expunged, an affiant		expunged, and the affiant has personally verified that "to the question. Have you ever:			
	a.	public administrative, or governmental li-	censing agency?	license or permit by any regulatory authority, or any			
	b.	Had any occupational, professional, or v judicial, administrative, regulatory, or dis No	sciplinary action?				
	c.			or your occupational, professional, or vocational , or disciplinary action? No			
	d.	Been charged with, or indicted for, any c	riminal offense(s)	other than civil traffic offenses? No			
	e.	Pled guilty, or nolo contendere, or been on No		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? No
	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.
terr	t any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The 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,
pos persor 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 er person.
terripos persor i offii holo otho  If a  Do or offied general and or offied with	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 er person.  [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance alatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that extly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control in, the person specified. If the answer is "Yes", please identify the company or companies in which the nulative stock holdings represent 10% or more of the outstanding voting securities.

Applicant Name	(Company)	Sagicor L	ife Insuranc	e Company

NAIC No 60445

Аррис 14.			ljudged a bankrupt? No	3	FEIN: 74-1915841
11.	_	ve you ever been a	guagea a baincrapt: 110	if yes, provide details	
15.	cor	nmittee member, ke ile you served in su	ey management employee or ch capacity? If yes, please i	r controlling stockholder, h ndicate and give details. V	officer or director, trustee, investment and any of the following events occur When responding to questions (b) and (c) her departure from the entity.
	a.	Been refused a licensing agency?		ate of authority by any i	regulatory authority, or Governmental-
	b.	any judicial, admi	nistrative, regulatory, or dis	ciplinary action (including	canceled, non-renewed, or subjected to g rehabilitation, liquidation, receivership, vision or any other similar proceeding)?
	c.		robation or had a fine levied nal, administrative, regulato		ermit, license, or certificate of authority No
	No		as any doubt about the accunation provided.	rracy of an answer, the que	estion should be answered in the positive
Dated am act	and s ing o	igned this 27 <sup>th</sup> day n my own behalf, a Robbert EKI (Signature of A	nd that the foregoing statement	tsdale, AZ 85251, I herelents are true and correct to	by certify under penalty of perjury that I the best of my knowledge and belief.
State o	of Ar	izona County of:	Maricopa		
The fo	regoi	ng instrument was	acknowledged before me thi	s 27th day of February, 2	012 by Robert Edward Kell, and:
X	wl	ho is personally kno	own to me, or		
_	w	ho produced the fol	lowing identification:		
	[SI	EAL]	LISA AI Notary Publi	FICIAL SEAL NNE KELLER ic - State of Arizona OPA COUNTY xpires June 25, 2013	Notary Public LisaAnne Keller Printed Notary Name June 25, 2013 My Commission Expires

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# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

#### (Print or Type)

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

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

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

- 1. Affiant's Full Name (Initials Not Acceptable). Robert Edward Kell
- 2. Have you ever used any other name including nickname, maiden name or aliases? No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

	ning/Ending ) Used (MM/YY)	Name(s)	Reason (If None, indicate such)	
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		A Section 1	Cost	
			A CONTRACTOR AND THE PARTY OF T	
	<del>-</del>	-		
		17-91-		
Note: be an o	Dates provided in response overlap of dates when trans	nse to this question ma itioning from one nam	y be approximate. Parties using this form understand that there could be to another:	
3.	Affiant's Social Security	y Number		
4.	Government Identification Number if not a U.S. Citizen			
5.	Foreign Student ID# (if	applicable)		
6.	Date of Birth: (MM/DD State/Province MO	/YY]	Place of Birth: City Kansas City Country USA	
7	Name of Affiant's Spou	se (if applicable) Sher	on Henderson Kell	

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
04/98 - Present		Scottsdale,	AZ	USA	85255
6 <del>//</del>					
6 <del>1</del>					
			approximate, except for itioning from one addr		ties using this form
Dated and signed this on my own behalf, a	is 27 <sup>th</sup> day of Febru nd that the foregoin was kall (Signature of Affian	g statements are true	le, AZ, I hereby certify and correct to the best	y under penalty of per of my knowledge and	rjury that I am acting I belief.
State of Arizona	County of Marico	<u>opa</u>			
The foregoing instru	ment was acknowle	dged before me this 2	27 <sup>th</sup> day of February, 2	012 by Robert Edward	d Kell, and:
$\underline{X}$ who is per	sonally known to m	e, or			
who produ	ced the following ic	lentification:	<del>,</del>		
[SEAL]	garden ser	The special fields, see specialists or Experience in the many		Lusaan	NE KULLY ary Public

# 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.

me date of my signatu	ire below.	
Roll	Robert Edward Kell Scottsd  (Printed Full Name and Residence Address)  (Signature)	<u>February 27, 2012</u>
State of Arizona	County of Maricopa	
The foregoing instrum	nent was acknowledged before me this 27th day of February 201	2 by Robert Edward Kell, and
	onally known to me, or ed the following identification	
wilo produce	ed the following identification	
[SEAL]	The second of the second secon	Notary Public LisaAnne Keller
	OFFICIAL SEAL LISA ANNE KELLER Notary Public - State of Arizona MARICOPA COUNTY My Comm. Expires June 25, 2013	Printed Notary Name June 25, 2013 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.

\_X\_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  Robert Edward Kell  (Printed Full Name as	and have the same force and effect as the signed original.  Scottsdale, AZ 85255  and Residence Address)
Kolect EKOLI (Signature)	February 27, 2012 (Date)
State of <u>Arizona</u> County of <u>Maricopa</u>	
The foregoing instrument was acknowledged before me this $\underline{2}'$ who is personally known to me, or	7th day of February, 2012 by Robert Edward Kell, and
who produced the following identification:	
[SEAL]  OFFICIAL SEAL	Susaanne Keller  LisaAnne Keller
LISA ANNE KELL Notary Public - State of A MARICOPA COUNT My Comm. Expires June 25	June 25, 2013

一个一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们

#### 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.

> X 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.

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. Robert Edward Kell Scottsdale, AZ 85255 (Printed Full Name and Residence Address) February 27, 2012 (Signature) (Date) State of Arizona County of Maricopa The foregoing instrument was acknowledged before me this 27th day of February, 2012 by Robert Edward Kell, and who is personally known to me, or who produced the following identification: Ausa anne Keller [SEAL] Notary Public LisaAnne Keller OFFICIAL SEAL LISA ANNE KELLER Printed Notary Name Notary Public - State of Arizona MARICOPA COUNTY y Comm. Expires June 25, 2013 June 25, 2013

My Commission Expires

MANAGER STATE OF THE STATE OF T

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

# Employment - Robert Edward Kell

Beginning/Ending
Dates (MM/YY) 03/77 – 04-93 Employer's Name: Southern Life and Health Insurance Company

Address: 600 University Park Place City: Birmingham State/Province: AL

Country: USA Postal Code: 35209 Phone \_\_\_\_\_ Offices/Positions Held: Vice President and Actuary

Supervisor / Contact \_\_\_ \_\_\_\_