GERALD B. FARLOW & ASSOCIATES, LTD.

REINSURANCE COMPANY FORMATION AFFIDAVIT COMPANIES DOMICILED IN THE TURKS & CAICOS ISLANDS

| ١, _ | | , of |
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| <i>,</i> – | [FULL LEGAL NAME] | [FULL RESIDENTIAL ADDRESS] |
| | [FULL RESIDENTIA | AL ADDRESS, CONTINUED] |
| Ple | ase provide verification of residential address by subm | nitting one of the following with this affidavit: |
| | Utility Bill | Correspondence from a Bank or Financial Institution |
| ' | Correspondence from a Government Agency | Insurance Policy |
| (| Current Lease Agreement | Property Sale or Purchase Agreement |
| HE | REBY MAKE OATH and say as follows: | |
| 1. | Full Legal Name: | |
| 2. | Date of Birth: | |
| 3. | Social Security Number: | |
| 4. | City, State, and Country of Birth: | |
| 5. | Nationality: | |
| 6. | Previous Names: | |
| 7. | Email Address: | |
| 8. | Are you the beneficial owner, director, or officer in Caicos Islands Financial Services Commission? If yes, please provide details including the name of t | any other company regulated and/or supervised by the Turks & Yes Nother company: |
| 9. | Are you the beneficial owner, director, or officer in jurisdiction? If yes, please provide details including the name of t | any other financial services company regulated in another Yes Note the company: |
| | | |
| | | |

| | suit, or been the subject of regulatory enforcement action in any jurisdiction? Yes If yes, please provide details including dates: |
|----|---|
| 1. | Have you ever been refused registration or licensing in any jurisdiction? Yes If yes, please provide details including dates: |
| 2. | Have you ever been licensed to carry on financial services business in any other jurisdiction? Yes If yes, please provide details including dates: |
| | |
| 3. | Are you now or have you ever been entrusted with prominent public functions as a head of state or government senior politician, a civil servant, a judicial or military official, a senior executive of publicly owned corporation, or important political party official, or are you the spouse, civil partner, parent, child, grandparent, grandchild, or sibling of such a person? Yes If yes, please provide details including names and positions held: |
| | senior politician, a civil servant, a judicial or military official, a senior executive of publicly owned corporation, or important political party official, or are you the spouse, civil partner, parent, child, grandparent, grandchild, or sibling of such a person? Yes |
| 4. | senior politician, a civil servant, a judicial or military official, a senior executive of publicly owned corporation, or important political party official, or are you the spouse, civil partner, parent, child, grandparent, grandchild, or sibling of such a person? Yes If yes, please provide details including names and positions held: |

| | PLACE PASSPORT OR D | | |
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| | HERE, MAKE A CLEAR OF THIS PAGE, A | AND THEN | |
| | SIGN AND NOTARI | ZE THE COPY. | |
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| | | n this affidavit and in the documents acco he best of my knowledge and belief. | mpanying it or |
| otherwise furnished in supp | | | mpanying it or |
| otherwise furnished in supp | ort hereof are true and correct to th | ne best of my knowledge and belief. | mpanying it or |
| [AFFIANT PRINTED] The person named above person named | ort hereof are true and correct to the state of the state | ne best of my knowledge and belief. | ne executed the |