NAIC No.	23132	
FEIN:	36-2490086	

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign

school or lived and worked	d internationally.	(Print or Type	e)		
Full name, address and tel required (Do Not Use Gro	ephone number of the p up Names). <u>R.V.I. America</u>	resent or proposed Insurance Company	entity under w	hich this biograph	ical statement is being
201 Broad Street, 6th Fl.					
Stamford	CT	06	901	USA	
203-975-2100		203-975	-2119		
In connection with the as hereinafter set forth. fully.) IF ANSWER IS FORMS COULD DELAY  1. Affiant's Full Nat	(Attach addendum or : 'NO" OR "NONE," SO	separate sheet if STATE. ALL FI PROCESS or RESU	space hereon ELDS MUST JLT IN REJEC	is insufficient to HAVE A RESPO TION OF THE AR	answer any question ONSE. INCOMPLETE PPLICATION.
2. a. Are you	a citizen of the United S	tates?			
Yes Y	No				
b. Are you	a citizen of any other co	untry?			
Yes	No 🗸				
If yes, w	hat country?				
3. Affiant's occupat	ion or profession:Chairma	an and Board of Direc	tor		
4. Affiant's busines	s address: 201 Broad Street	t, 6th Fl., Stamford, C	Г06905		
Business telepho	ne: 203-975-2100	Busine	ss Email: dmay@	@rvigroup.com	
<ol> <li>Education and tra</li> </ol>	aining:				
College/University Syracuse University	<u>City/State</u> Syracuse,			ed (MM/YY) - 5/1979 BA	Degree Obtained
Graduate Studies	College/University	City/State	Dates Attend	ed (MM/YY)	Degree Obtained
Other Training: Name	City/State	Dates Attended	(MM/YY)	Degree/C	Certification Obtained
Note: If affiant attende applicable, prov	d a foreign school, plea ide the foreign student	se provide full add	ress and teleph mber and/or a	one number of the	e college/university. If

Applica	nt Company Na	ame : R.V.I. Ameri	ca Insurance Company	FEIN:	36-2490086
6.	List of member	erships in profess	sional societies and associa	ations:	
	Name of Society/Assoc		Contact Name	Address of Society/Association	Telephone Number of Society/Association
<b>7.</b>	Present or pro	posed position w	rith the Applicant Compan	y: Board Member	
8.	List complete	e employment re	cord for the past twenty	(20) years, whether com	pensated or otherwise (up to and manager, operator, directorates or
	officerships).	Please list the m	ost recent first. Attach add	ditional pages if the space sory information for the	past ten (10) years. Additional
Beginni Dates (	ing/Ending MM/YY):10	0/01 _ Preser	t Employer's Name: R.V	/.l. America Insurance Compa	iny
					vince: CT
Country	y: USA	Postal Code	e: 06901 Phone: 203	975 2100 Offices/Position	ons Held: Board Member, Chairman
Type of	Business: Ins	surance Com	pany Superviso	or/Contact:	
Beginn Dates (	ing/Ending MM/YY):0^	1/00 10/01	Employer's Name: CN	A Risk Management	
Addres	s: 333 South V	Vabash	City: Chicago	State/Prov	vince: IL
Country	y: USA	Postal Code	e: 60604 Phone: 312	2-822-5000 Offices/Positio	ns Held: President
Type o	Business: Ir	surance	Superviso	or/Contact: Bernard Her	ngesbaugh
Beginn Dates (	ing/Ending MM/YY):1	1/94 _ 12/99	Employer's Name: CN	A Financial Insurance	
Addres	$_{ m s;}$ One CNA F	Plaza	City:Chicago	State/Prov	ince: IL
Country	y: USA	Postal Code	e: 60604 Phone: 312-	822-5000 Offices/Position	ns Held: Senior Vice President
Туре о	f Business: In	surance	Supervise	or/Contact: Thomas Tay	lor
Beginn Dates (	ing/Ending (MM/YY):	-	Employer's Name:		
Addres	s:		City:	State/Prov	rince:
Countr	y:	Postal Cod	e:Phone:	Offices/Position	ons Held:
Tyne o	f Business:		Supervis	or/Contact:	

Applica	nt Comp	pany Name : R.V.I. America Insurance Compa	ny	NAIC No. FEIN:	23132 36-2490086
9.	a.	Have you ever been in a position which	required a fidelity l	bond?	
		Yes No V			
		If any claims were made on the bond, gi	ve details:		
	b.	Have you ever been denied an individue revoked?	ual or position sch	edule fidelity	bond, or had a bond canceled or
		Yes No V			
		If yes, give details:			
10.	or gove in the p the lice number are reas represe pages i	y professional, occupational and vocational ernmental licensing agency or regulatory a past. For any non-insurance regulatory issuensing authority or regulatory body having a syour Social Security Number (SSN) or sonably identifiable as your SSN, then we need by your SSN. (For example, "SSN" of the space provided is insufficient.	nuthority or licensing or, identify and property over the compact of the compact	ng authority the ovide the name he license (s) if or any sequent ortion of the p r "1234-SSN"	at you presently hold or have held, address and telephone number of ssued. If your professional license ce of more than five numbers that is (last 6 digits)). Attach additional
Organiz	zation/Iss	suer of License: None	Address:		
City: _		State/Province:	Country:		Postal Code:
License	Туре: _	License #:	Date	e Issued (MM/	YY):
Date Ex	cpired (M	/IM/YY): Reason for T	Cermination:		
Non-In	surance I	Regulatory Phone Number (if known):			
Organiz	zation/Iss	suer of License:	Address:		
City: _		State/Province:	Country:		Postal Code:
License	Туре: _	License #:	Date	e Issued (MM/	YY):
Date Ex	kpired (M	MM/YY): Reason for T	Termination:		
Non-In	surance l	Regulatory Phone Number (if known):			
11.	In resp	onding to the following, if the record has ord was sealed or expunged, an affiant ma	been sealed or expo y respond "no" to t	inged, and the the question. H	affiant has personally verified tha ave you ever:
	a.	Been refused an occupational, professionany public administrative, or government	onal, or vocational ntal licensing agenc	license or perr cy?	nit by any regulatory authority, o
		Yes No V			
	b.	Had any occupational, professional, or any judicial, administrative, regulatory,	vocational license or disciplinary acti	or permit you on?	hold or have held, been subject to

nt Co	ompany Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
	Yes No 🗸		
c.	Been placed on probation or had a fine levied against y license or permit in any judicial, administrative, regula	ou or your occupat tory, or disciplinary	ional, professional, or vocational action?
	Yes No 🗸		
d.	Been charged with, or indicted for, any criminal offens	e(s) other than civi	traffic offenses?
	Yes No V		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal of	offense(s) other than civil traffic
	Yes No 🗸		
f.	Had adjudication of guilt withheld, had a sentence imp suspended, or been pardoned, fined, or placed on pre- traffic offenses?	osed or suspended, obation, for any cr	had pronouncement of a sentence iminal offense(s) other than civil
	Yes No V		
g.	Been subject to a cease and desist letter or order, or enjoine administrative, regulatory, or disciplinary action, from viol regulating the business of insurance, securities or banking practices in the course of the business of insurance, securities	ating any federal, s ng, or from carryi	tate law or law of another country
	Yes No V		
h.	Been, within the last ten (10) years, a party to any civi financial dispute?	l action involving	dishonesty, breach of trust, or a
	Yes No V		
i.	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of	aws, or credit unic	on laws, or that you have violated
	Yes No V		
j.	Had a lien or foreclosure action filed against you or any en	tity while you were	associated with that entity?
	Yes No V		
	If the response to any question above is yes, please provided Attach a copy of the complaint and filed adjudication or se	de details including	dates, locations, disposition, etc.

FORM 11

nt Con	npany Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
holds	held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, ten person. None	if any person, dire percent (10%) or n	ectly or indirectly, owns, controls, nore of the voting securities of any
If any	of the stock is pledged or hypothecated in any way, give	details	
or of regula direct	Will] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock atory authority, or its affiliates? An "affiliate" of, or personly, or indirectly through one or more intermediaries, continued the person specified.	of any entity subj on "affiliated" with,	ject to regulation by an insurance, a specific person, is a person that
Yes If yes the ou	No N	cumulative stock h	noldings represent 10% or more of
Yes			
To you	our knowledge has any company or entity (including you were an officer or director, trustee, investment of the following events occur	committee member	, key management employee or
	olding stockholder, had any of the following events occu-	ur while you served	in such capacity? If employed at
a.	Been refused a permit, license, or certificate of autilicensing agency?  Yes No	hority by any regu	latory authority, or governmental-
b.	Had its permit, license, or certificate of authority sus- subjected to any judicial, administrative, regulatory liquidation, receivership, conservatorship, federal ba- or any other similar proceeding)?	, or disciplinary a	action (including rehabilitation,
	Yes No V		
c.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regula	inst it or against it	ts permit, license, or certificate of
	, , ,	tory, or disciplinary	y action?
	Yes No V	iory, or disorprinary	y action?

Applicant Company Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
If the answer to any of the above is yes, please indicate and giv affiant should also include any events within twelve (12) months	re details. When re s after his or her de	sponding to questions (b) and (c), parture from the entity.
Note: If an affiant has any doubt about the accuracy of an ans and an explanation provided.	swer, the question s	should be answered in the positive
Dated and signed this 19 day of 100 en 20 19 a under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	at <u>Jan ler</u> foregoing statemen	1 C7. I hereby certify nts are true and correct to the best
hereby acknowledge that I may be contacted to provide additional i	nformation regardi	ng international searches.
State of: Connecticut County of: Fairfield	-	a hada alan Mari
The foregoing instrument was acknowledged before me this product of and:	November	4 by Dauglas H. I lay
who is personally known to me, or		
who produced the following identification:  [SEAL]	1	Notary Public Printed Notary Name My Commission Expires  JILL E. DELEO NOTARY PUBLIC COMMISSION EXPIRES JUNE 30, 2020

NAIC No.	23132	
FEIN:	36-2490086	

# DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

(All states except Cattyorna, intinesola and Oktanoma)
This Disclosure and Authorization is provided to you in connection with pending or future application(s) of R.V.I. America Insurance Company [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact <a href="https://document.org/reports/like/">Human Resources Department</a> [company's designated person, position, or department, address and phone].
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.
I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) 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.
Douglas Heller May 97 White Hill Road, Cold Spring Harbor, NY 11724
(Signature)  (Signature)  (Signature)  County of: Fairfield
The foregoing instrument was acknowledged before me this 19th day of November, 2019 by
Douglas H. May, and:
who is personally known to me, or
Who produced the following identification:  [SEAL]    Notary Public   Printed Notary Name   Doc 30, 2000
JILL E. DERewised 04/08/19

NAIC No.	23132
FEIN:	36-2490086

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign

school	or lived a	and worke	d intern	ationally.	(Print or	Туре)	•	•	C
require	d (Do No	ot Use Gro		number of the nes). <u>R.V.I. Americ</u>			nder which the	is biograph	ical statement is being
201 Bro	oad Street	6th Fl.							
Stamfor	ď			СТ		06901		USA	
203-975	5-2100				203	3-975-2199			
as here fully.)	inafter s IF ANS	et forth. WER IS	(Attach	addendum or	separate shee D STATE. AL	t if space h L FIELDS N	ereon is insu MUST HAVE	fficient to A RESPO	rmation about myself answer any question DNSE. INCOMPLETE PPLICATION.
1.	Affiant	's Full Na	me (Init	tials Not Accepta	able): First: Dar	niel Mie	ddle: Patrick	Last:_	Egan
2.	a.	Are you	a citize	en of the United	States?				
		Yes 🔼		No					
	b.	Are you	a citize	en of any other c	ountry?				
		Yes _		No					
		If yes, v	vhat cou	intry? Ireland					
3.	Affiant	's occupa	tion or p	orofession: <u>Co-CE</u>	O, Co-President	and Chief Unde	erwriting Officer		
4.	Affiant	's busines	s addre	SS:201 Broad Stree	et, 6th Fl.				
		ss telepho				ısiness Email	; degan@rvigrou	ın com	
6				373-2110	В	iomeos Linui	, <u>aogan@rvigroc</u>	ip.00iii	
5.		ion and tra	uning:	A DATE OF THE PARTY OF					
	/Univers	-		City/State	-	Dates	Attended (MM		Degree Obtained
Bentle	y Unive	ersity		Waltha	am, MA		09/78 - 5/82	BA	
Gradua	te Studie	<u>s</u>	Colleg	e/University	City/State	Dates	Attended (MM	I/YY)	Degree Obtained
Other T	raining:	<u>Name</u>	<u>Ci</u>	ty/State	Dates Atter	nded (MM/Y	<u>Y)</u>	Degree/C	Certification Obtained
Note:									e college/university. If oma or certificate of

Applica	int Company	Name : R.V.I. Americ	a Insurance Company		-2490086
6.	List of men	nberships in professi	onal societies and assoc	iations:	
	Name Society/Ass		Contact Name	Address of Society/Association	Telephone Number of Society/Association
7.	Present or p	roposed position wi	th the Applicant Compa	ny: Co-Chief Executive Officer, C	co-President and Chief
	Underwriting	Officer			
8.	including proofficerships necessary to	resent jobs, position ). Please list the mo o provide telephon	s, partnerships, owner o st recent first. Attach ad e numbers and superv	of an entity, administrator, mail ditional pages if the space pro	sated or otherwise (up to and nager, operator, directorates or ovided is insufficient. It is only st ten (10) years. Additional al employers.
Beginni Dates (l	ng/Ending MM/YY):	1996 _ Present	_ Employer's Name: R.\	V.I. America Insurance Company	
Address	<sub>s:</sub> 201 Broa	d Street, 6th Fl.	City:Stamford	State/Provinc	е: СТ
Country	usa	Postal Code:	06901 Phone: 20	3 975 2118 Offices/Positions	Held: Co-CEO, CRO, EVP,CUO
Type of	Business:	nsurance Compa	any Supervis	or/Contact: Michael Pruzan	/ 914-819-5342
Beginni Dates (1	ng/Ending MM/YY):		_ Employer's Name:		
Address	:		City:	State/Province	e:
Country	r:	Postal Code:	Phone:	Offices/Positions I	Teld:
Type of	Business: _		Supervise	or/Contact:	
Beginni	ng/Ending				
Address	<b>6</b>		City:	State/Province	·
Country	:	Postal Code:	Phone:	Offices/Positions I	Ield:
Type of	Business: _		Supervise	or/Contact:	
	ng/Ending MM/YY):	*	_ Employer's Name:		
Address	:		City:	State/Province	·
Country	;	Postal Code:	Phone:	Offices/Positions F	Ield:
Type of	Business:		Superviso	or/Contact:	

Applica	nt Comp	any Name : R.V.I. Am	erica Insurance Com	pany	NAIC No. FEIN:	23132 36-2490086
9.	a.	Have you ever been	ı in a position whic	h required a fidelity b	ond?	
		Yes No	$\Box$			
		If any claims were	made on the bond,	give details:		
	b.	Have you ever bee revoked?	en denied an indiv	idual or position sche	dule fidelity	bond, or had a bond canceled or
		Yes No				
		If yes, give details:				
10.	or gove in the po- the licer number are reas represer pages if	rnmental licensing a ast. For any non-insunsing authority or re is your Social Secunonably identifiable anted by your SSN. (The space provided	gency or regulatory is trance regulatory is gulatory body havi ity Number (SSN) as your SSN, then For example, "SSI is insufficient.	y authority or licensing suer, identify and proving jurisdiction over the or embeds your SSN write SSN for that po N", "12-SSN-345" or	g authority the vide the name e license (s) is or any sequer rtion of the p "1234-SSN"	ell securities) issued by any public at you presently hold or have held, address and telephone number of ssued. If your professional license are of more than five numbers that professional license number that is (last 6 digits)). Attach additional
Organiz	ation/Iss	uer of License: Non	e	Address:		
						Postal Code:
License	Туре:		License #:	Date	Issued (MM/	YY):
Date Ex	pired (M	(M/YY):	Reason fo	r Termination:		
Non-Ins	surance R	Regulatory Phone Nu	mber (if known): _			
Organiz	ation/Iss	uer of License:		Address:		
City: _		State/Pro	vince:	Country:		Postal Code:
License	Туре: _	I	icense #:	Date	Issued (MM/	YY):
Date Ex	pired (M	IM/YY):	Reason fo	r Termination:		92
Non-Ins	surance F	Regulatory Phone Nu	mber (if known): _			
11.	In respo	onding to the following ord was sealed or exp	ng, if the record ha ounged, an affiant n	s been sealed or expur	nged, and the e question. H	affiant has personally verified tha ave you ever:
	a.	Been refused an od any public adminis	ccupational, profest trative, or government	sional, or vocational literated licensing agency	icense or perr /?	nit by any regulatory authority, o
		Yes No				
	b.	Had any occupation any judicial, admir	nal, professional, o istrative, regulator	or vocational license o y, or disciplinary actio	r permit you n?	hold or have held, been subject to

FORM 11

Appli	cant Com	pany Name : R.V.I. America Insurance Company	NAIC No. 2313: FEIN: 36-24	90086
	holds	held by the person. Control shall be presumed to exist if with the power to vote, or holds proxies representing, ten person. None	any person, directly o	r indirectly, owns, controls,
	If any	of the stock is pledged or hypothecated in any way, give det	ails	
13.	or of a regula directl	7ill] you or members of your immediate family individually record, 10% or more of the outstanding shares of stock of tory authority, or its affiliates? An "affiliate" of, or person 'y, or indirectly through one or more intermediaries, control he person specified.	any entity subject to affiliated" with, a spe-	regulation by an insurance cific person, is a person that
		No please identify the company or companies in which the cutstanding voting securities.	nulative stock holding	gs represent 10% or more of
	If any	of the shares of stock are pledged or hypothecated in any wa	y, give details.	
14.	Yes [	you ever been adjudged a bankrupt?  No provide details:		
15.	which contro	ur knowledge has any company or entity (including ent you were an officer or director, trustee, investment com lling stockholder, had any of the following events occur w lding company level provide the group code.	mittee member, key i hile you served in suc	management employee or
	a.	Been refused a permit, license, or certificate of author licensing agency?  Yes No	ty by any regulatory	authority, or governmental-
	b.	Had its permit, license, or certificate of authority suspen subjected to any judicial, administrative, regulatory, o liquidation, receivership, conservatorship, federal banks or any other similar proceeding)?	r disciplinary action	(including rehabilitation,
		Yes No 🗸		
	c.	Been placed on probation or had a fine levied against authority in any civil, criminal, administrative, regulatory	it or against its pern , or disciplinary action	nit, license, or certificate of
		Yes No V		

Applicant Company Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months	ve details. When re s after his or her de	esponding to questions (b) and (c), eparture from the entity.
Note: If an affiant has any doubt about the accuracy of an ans and an explanation provided.	swer, the question	should be answered in the positive
Dated and signed this 19th day of November 20 19 a under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	at Stamford C foregoing stateme	. I hereby certify nts are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional i	nformation regard	ing international searches.
State of: Connecticut County of: Fairfield	_	
The foregoing instrument was acknowledged before me this 12 day of and:	November 201	9 by Daniel P. Egan,
who is personally known to me, or		
who produced the following identification:  [SEAL]	1	Notary Public  Printed Notary Name  Sociation Services  My Commission Expires  JILL E. DELEO  NOTARY PUBLIC  OMMISSION EXPIRES JUNE 30, 2020

NAIC No.	23132	
FEIN:	36-2490086	

# DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

(An states except Canjorna, Firmeson and Orianoma)
This Disclosure and Authorization is provided to you in connection with pending or future application(s) of R.V.I. America Insurance Company [company name]("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact <a act."<="" credit="" fair="" href="https://ducation.org/htman.com/htman&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Attached for your information is a " of="" reporting="" rights="" summary="" td="" the="" under="" your=""></a>
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) six (6) 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.
Daniel P. Egan 14 Morehouse Lane, Norwalk, CT 06850
(Printed Full Name and Residence Address)  (Signature)  (Date)
State of: Correcticut County of: Fairfield
The foregoing instrument was acknowledged before me this 19th day of November, 2019 by
Daniel P. Egan, and:
who is personally known to me, or
who produced the following identification:  [SEAL]  Notary Public  Printed Notary Name  June 30, 2020  My Commission Expires  JILL E. Drive 104/08/19

NAIC No.	23132	
FEIN:	36-2490086	

school or lived and wo	ovide additional information orked internationally.	(Print or Type)			J
Full name, address and required (Do Not Use	d telephone number of the pr Group Names). <u>R.V.I. America</u>	resent or proposed of Insurance Company	entity under which th	is biographica	l statement is being
201 Broad Street, 6th Fl.					
Stamford	СТ	069	01	USA	
203-975-2156		203-975-2	2199		
as hereinafter set for	the above-named entity, I th. (Attach addendum or s IS "NO" OR "NONE," SO LAY THE APPLICATION P	separate sheet if s STATE, ALL FIE	pace hereon is inst LDS MUST HAVE	ufficient to ar	iswer any question SE. INCOMPLETE
1. Affiant's Full	Name (Initials Not Acceptal	ole): First: Michael	Middle: Patrick	Last: Mo	Groarty
2. a. Are	you a citizen of the United S	tates?			
Yes	No No				
b. Are	you a citizen of any other con	untry?			
Yes	No 🗸				
	es, what country?				
	cupation or profession:Co-CEC	Co-President Gene	ral Counsel and Assista	nt Secretary	
	siness address: 201 Broad Street		- "	- ¥	
Business tele	ephone: <u>203-975-2156</u>	Busines	s Email: mmcgroarty@	rvigroup.com	· · · · · · · · · · · · · · · · · · ·
5. Education an	nd training:				
College/University	City/State		Dates Attended (M	M/YY)	Degree Obtained
Georgetown University	ersity Washin	gton DC	08/78 - 5/82	BSBA	
Graduate Studies	College/University	City/State	Dates Attended (M	M/YY)	Degree Obtained
Law	Villanova University	Villanova, PA	08/83 - 05	5/86 JD	
Other Training: Name	<u>City/State</u>	Dates Attended	(MM/YY)	Degree/Cer	tification Obtained
applicable, 1	ended a foreign school, pleas provide the foreign student o the Biographical Affidavit F	Identification Nur	nber and/or attach	umber of the c foreign diplon	ollege/university, If na or certificate of

Applica	nt Company Name	: R.V.I. Americ	a Insurance Company	NAIC No. FEIN:	36-2490086
6.	List of membersh	ips in professi	onal societies and ass	ociations:	
	Name of Society/Associati Association of Corpor	<u>on</u>	Contact Name	Address of Society/Association  1025 Connecticut Avenue NW, Suite 200 Washington, DC 20036	Telephone Number of Society/Association 202 293-4103 ext. 360
	5				
7.	Present or propos	ed position w	th the Applicant Com	pany: Co-CEO, Co-President, G	General Counsel & Assistant
	Secretary				
8.	including present officerships). Ple necessary to pro	jobs, position ase list the mo	ns, partnerships, owne ost recent first. Attach ne numbers and supe	er of an entity, administrator, additional pages if the space	pensated or otherwise (up to and manager, operator, directorates or provided is insufficient. It is only past ten (10) years. Additional tional employers.
Beginni Dates (	ing/Ending MM/YY):02/200	7 _ Present	Employer's Name	R.V.I. America Insurance Compa	iny
					vince: CT
Country	y: USA	Postal Code:	06901 Phone:	203 975 2156 Offices/Position	ons Held: Co-CEO, General Counsel
Type of	Business: Insur	ance Comp	any Super	rvisor/Contact: Michael Pruzan (C	hairman) / 914-819-5342
Beginni Dates (	ing/Ending MM/YY):09/01	02/07	Employer's Name	Portrait Software	
Address	s: The Smith Cer	itre, The Fair	mile City: Henley-C	On-Thames State/Prov	vince: Oxfordshire
Country	y: _UK	Postal Code:	RG96AB Phone:	441491416600 Offices/Positio	ns Held: SVP/General Counsel/Secretary
Type of	Business: Softv	vare	Super	rvisor/Contact:	
Beginn Dates (	ing/Ending MM/YY):03/96	09/01	Employer's Name	Information Management Associ	ates, Inc. ("IMA")
Addres	s: 639 Research	Drive	<sub>City:</sub> Meriden	State/Prov	ince: CT
Country	y: USA	Postal Code	06450 Phone:	Offices/Positio	ns Held: COO/General Counsel/Sec.
Type of	f Business:		Super	rvisor/Contact:	
Beginn Dates (	ing/Ending (MM/YY):	-	Employer's Name	):	<u> </u>
Addres	s:		City:	State/Prov	ince:
Country	y:	Postal Code	Phone:	Offices/Position	ns Held:
Type o	f Business:		Super	rvisor/Contact:	

Applic	ant Com	pany Name : R.v.I. America insurance Compar	iy	FEIN:	36-2490086	
				I LAIV.	00 2 100000	,
9.	a.	Have you ever been in a position which t	equired a fidelity bo	nd?		
		Yes No V				
		If any claims were made on the bond, give	ve details:			
	b.	Have you ever been denied an individurevoked?	ual or position sched	lule fidelity	bond, or had a	bond canceled or
		Yes No V				
		If yes, give details:				
10.	or gov in the the lic numb are re repres	ny professional, occupational and vocational vernmental licensing agency or regulatory a past. For any non-insurance regulatory issuensing authority or regulatory body having er is your Social Security Number (SSN) or asonably identifiable as your SSN, then wrented by your SSN. (For example, "SSN" if the space provided is insufficient.	uthority or licensing er, identify and provi jurisdiction over the embeds your SSN o ite SSN for that por , "12-SSN-345" or '	authority the ide the name be license (s) in any sequention of the presented in the present	at you presently e, address and te issued. If your p nce of more than professional lice (last 6 digits)).	hold or have held lephone number of rofessional license five numbers that his number that is
Ougan	igation/L	ssuer of License: State of CT	Address: 287 N	Main Stree	t, 2nd Floor, S	Suite 2
Organ	Fast Ha	artford State/Province: CT	Country: USA		Postal Code	.06118-1885
		Attorney License #: 414028				
		MM/YY): N/A Reason for T				
		Regulatory Phone Number (if known): 860-				
			Address:P.O.	Box 46		
		lill State/Province: PA			Postal Code:	17001-0046
		Attorney License #: 51738				
		MM/YY): N/A Reason for T				
		Regulatory Phone Number (if known): 717				
11.	In res	ponding to the following, if the record has be cord was sealed or expunged, an affiant may	peen sealed or expun	ged, and the e question. H	affiant has perse lave you ever:	onally verified tha
	a.	Been refused an occupational, professio any public administrative, or governmen	nal, or vocational lic tal licensing agency	cense or peri	mit by any regul	latory authority, o
		Yes No V				
	b.	Had any occupational, professional, or any judicial, administrative, regulatory, or	vocational license or or disciplinary action	· permit you 1?	hold or have he	ld, been subject to

ant C	Company Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
	Yes No 🗸		
c.	Been placed on probation or had a fine levied against you license or permit in any judicial, administrative, regulate		
	Yes No 🗸		
d.	Been charged with, or indicted for, any criminal offense	e(s) other than civi	traffic offenses?
	Yes No 🗸		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal c	offense(s) other than civil traffic
	Yes No 🗸		
f.	Had adjudication of guilt withheld, had a sentence imposuspended, or been pardoned, fined, or placed on protraffic offenses?		
	Yes No V		
g.	Been subject to a cease and desist letter or order, or enjoined administrative, regulatory, or disciplinary action, from violar regulating the business of insurance, securities or banking practices in the course of the business of insurance, securities	ting any federal, si g, or from carryir	tate law or law of another country
	Yes No V		
h.	Been, within the last ten (10) years, a party to any civil financial dispute?	action involving	dishonesty, breach of trust, or a
	Yes No V		
i.	Had a finding made by the Comptroller of any state or th provisions of small loan laws, banking or trust company la any rule or regulation lawfully made by the Comptroller of a	ws, or credit union	n laws, or that you have violated
	Yes No V		
j.	Had a lien or foreclosure action filed against you or any entit	y while you were	associated with that entity?
	Yes No V		
	If the response to any question above is yes, please provide Attach a copy of the complaint and filed adjudication or settle		
	Attach a copy of the complaint and filed adjudication or settl	ement as appropria	ate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

		FEIN:	36-2490086
holds	held by the person. Control shall be presumed to exist if with the power to vote, or holds proxies representing, ten perperson. None	any person, directricent (10%) or m	ctly or indirectly, owns, controls, ore of the voting securities of any
If any	of the stock is pledged or hypothecated in any way, give det		
or of regula direct with,	Will] you or members of your immediate family individually record, 10% or more of the outstanding shares of stock of atory authority, or its affiliates? An "affiliate" of, or person 'ely, or indirectly through one or more intermediaries, control the person specified.	f any entity subj "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
If yes	No V s, please identify the company or companies in which the cuatstanding voting securities.	mulative stock h	oldings represent 10% or more of
 If any	of the shares of stock are pledged or hypothecated in any way	ay, give details.	
Have	you ever been adjudged a bankrupt?		
Yes If ves			
	provide defails:		
	s, provide details:		
which	our knowledge has any company or entity (including ent h you were an officer or director, trustee, investment con olling stockholder, had any of the following events occur wolding company level provide the group code.	nmittee member, while you served	in such capacity? If employed at
which	our knowledge has any company or entity (including ent h you were an officer or director, trustee, investment con olling stockholder, had any of the following events occur w	mmittee member, while you served 	in such capacity? If employed at
which contro the ho a.	our knowledge has any company or entity (including ent h you were an officer or director, trustee, investment con olling stockholder, had any of the following events occur volding company level provide the group code.  Been refused a permit, license, or certificate of author licensing agency?	nmittee member, while you served  rity by any regul  nded, revoked, ca	in such capacity? If employee or in such capacity? If employed at atory authority, or governmental-inceled, non-renewed, or action (including rehabilitation,
which contro the ho	our knowledge has any company or entity (including ent h you were an officer or director, trustee, investment con olling stockholder, had any of the following events occur yolding company level provide the group code.  Been refused a permit, license, or certificate of author licensing agency?  Yes No  Had its permit, license, or certificate of authority susper subjected to any judicial, administrative, regulatory, or liquidation, receivership, conservatorship, federal bank	nmittee member, while you served  rity by any regul  nded, revoked, ca	in such capacity? If employee or in such capacity? If employed at atory authority, or governmental-inceled, non-renewed, or action (including rehabilitation,
which contro the ho a.	our knowledge has any company or entity (including ent h you were an officer or director, trustee, investment con olling stockholder, had any of the following events occur yolding company level provide the group code.  Been refused a permit, license, or certificate of author licensing agency?  Yes No  Had its permit, license, or certificate of authority susper subjected to any judicial, administrative, regulatory, of liquidation, receivership, conservatorship, federal bank or any other similar proceeding)?	mmittee member, while you served  rity by any regul  nded, revoked, ca or disciplinary a cruptcy proceedir	in such capacity? If employee or in such capacity? If employed at latory authority, or governmental-inceled, non-renewed, or action (including rehabilitation, ag, state insolvency, supervision is permit, license, or certificate of
which control the hora.	our knowledge has any company or entity (including entity of you were an officer or director, trustee, investment consolling stockholder, had any of the following events occur yolding company level provide the group code.  Been refused a permit, license, or certificate of author licensing agency?  Yes No V  Had its permit, license, or certificate of authority susper subjected to any judicial, administrative, regulatory, or liquidation, receivership, conservatorship, federal bank or any other similar proceeding)?  Yes No	mmittee member, while you served  rity by any regul  nded, revoked, ca or disciplinary a cruptcy proceedir	in such capacity? If employee or in such capacity? If employed at latory authority, or governmental-inceled, non-renewed, or action (including rehabilitation, ag, state insolvency, supervision is permit, license, or certificate of

Applicant Company Name : R.V.I.	merica Insurance Company	NAIC No.	23132
	, , , _	FEIN:	36-2490086
affiant should also include	above is yes, please indicate and gi any events within twelve (12) month filed a Chapter 11 proceeding to reorgani	ns after his or her de	eparture from the entity.
IMA's President to sell asset	to a third party resulting in payment in fu	Il to all creditors with re	emaining proceeds to shareholders.
Note: If an affiant has a and an explanation	ny doubt about the accuracy of an ar n provided.	nswer, the question s	should be answered in the positive
under penalty of perjury that I am of my knowledge and belief.	of November 20 19 cting on my own behalf and that the y be contacted to provide additional at	e foregoing statemen	nts are true and correct to the best
State of: Connecticut		_	
The foregoing instrument was ackn	owledged before me this 19 day of	November 1	9 by Michael P. M. Grown
and:			
who is personally known to me	, or		
☐ who produced the following id	entification:		

Notary Public

Printed Notary Name

My Commission Expires

JILL E. DELEO
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 30, 2020

[SEAL]

23132	
36-2490086	

# DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection wing R.V.I. America Insurance Company [company name] ("Company") if ("Application") with a department of insurance in one or more states within the U consumer or investigative consumer report (or both) ("Background Reports") redepartment of insurance in any state where Company pursues an Application seeking to function as, an officer, member of the board of directors or other Company or of any business entities affiliated with Company ("Term of Affiliar required by a department of insurance reviewing any Application. Backgrount authorization below may contain information bearing on your character, general reliving and credit standing. The purpose of such Background Reports will be to evas it pertains thereto. To the extent required by law, the Background Rep Authorization will be maintained as confidential.	or licensure or a permit to organize nited States. Company desires to procure a garding your background for review by a luring the term of your functioning as, or management representative ("Affiant") of ation") for which a Background Report is und Reports requested pursuant to your eputation, personal characteristics, mode of cluate the Application and your background
You may obtain copies of any Background Reports about you from the consume them. You may also request more information about the nature and scope of such Company. To obtain contact information regarding CRA or to submit a writt <a href="https://example.com/html/&gt; Human Resources">Human Resources</a> [company's designated person, phone].	reports by submitting a written request to
Attached for your information is a "Summary of Your Rights Under the Fair Credi	t Reporting Act."
AUTHORIZATION: I am currently an Affiant of Company as defined above Disclosure and by my signature below, I consent to the release of Background R state where Company files or intends to file an Application, and to the Company, such Application and my status as an Affiant. I authorize all third parties who are me to cooperate fully by providing the requested information to CRA retained by Background Reports, except records that have been erased or expunged in accordance.	eports to a department of insurance in any for purposes of investigating and reviewing the asked to provide information concerning by Company for purposes of the foregoing
I understand that I may revoke this Authorization at any time by delivering a Company will, in that event, forward such revocation promptly to any CRA that Reports under this Disclosure and Authorization. This Authorization shall remain (i) the expiration of the Term of Affiliation, (ii) written revocation as described a date of my signature below.	either prepared or is preparing Background in full force and effect until the earlier of
A true copy of this Disclosure and Authorization shall be valid and have the same	force and effect as the signed original.
Michael P. McGroarty 46 Mayflower Drive Wilton CT 068	
Muci 7 M Grinted Full Name and Residence Addre	ss)
State of: Connecticut County of: Fair Field	(Date)
State of: Connecticut County of: Fairfield	
The foregoing instrument was acknowledged before me this 1910 michael P. McGroacty and:	day of November 2019 by
who is personally known to me, or	
who produced the following identification:  [SEAL]	Printed Notary Name  My Commission Expires
	:11 1 F Paris of 04/08/10

NOTARY PUBLIC FORM 11
COMMISSION EXPIRES JUNE 30, 2020

Michael P. McGroarty

R.V.I. America Insurance Company

NAIC No. 23132

FEIN: 36-2490086

10. Continued

Organization/Issuer of License State of CA

Address 180 Howard Street

City San Francisco

State/Province CA

Country **USA** 

Postal Code 94105

License Type Attorney

License # 128382

Date Issued (06/87)

Date Expired (MM/YY) N/A

Reason for Termination N/A

Non-insurance Regulatory Phone Number (if known) 415-538-2000

NAIC No.	23132	
FEIN:	36-2490086	

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign

school or lived and worked		(Print or Typ	e)		endalista communication againment engrephina. Communication de Communicati
Full name, address and tele required (Do Not Use Grou	phone number of the p p Names). <u>R.V.I. America</u>	resent or proposed Insurance Company	l entity under which	ch this biographi	cal statement is being
201 Broad Street, 6th Fl.					
Stamford	СТ	00	901	USA	
203-975-2185		203-97	5-2199		
In connection with the a as hereinafter set forth. (fully.) IF ANSWER IS "I FORMS COULD DELAY	Attach addendum or s	separate sheet if STATE, ALL F	space hereon is IELDS MUST HA	insufficient to AVE A RESPO	answer any question NSE. INCOMPLETE
1. Affiant's Full Nam	e (Initials Not Acceptal	ole): First: David	Middle: Andr	ewLast:_	Klanica
2. a. Are you a	citizen of the United S	tates?			
Yes 🗸	No				
b. Are you a	citizen of any other co	untry?			
Yes	No 🗸				
If yes, wl	nat country?				
3. Affiant's occupati	on or profession: <u>CFO an</u>	d CPA			=
4. Affiant's business	address: 201 Broad Street	, 6th Fl. Stamford, C	T 06901		
Business telephon	e: 203-975-2185	Busin	ess Email: dklanica@	@rvigroup.com	
<ol> <li>Education and trai</li> </ol>	ning:				
College/University	City/State		Dates Attended	(MM/YY)	Degree Obtained
Quinnipiac University	Hamde	en, CT	9/71 - 12	2/75 BS - /	Accounting
Graduate Studies	College/University	City/State	Dates Attended	(MM/YY)	Degree Obtained
Other Training: Name	City/State	Dates Attended	I (MM/YY)	Degree/C	Certification Obtained
Note: If affiant attended applicable, provide	a foreign school, pleade the foreign student	se provide full ad Identification N	dress and telephon umber and/or atta	e number of the	college/university. If oma or certificate of

Applica	nt Company	Name	: R.V.I. America	a Insurance C	Company	_ NAIC N FEIN:	36-2490086
6.	List of mer	nbershij	ps in professi	onal societie	es and asso	ciations:	
	No. of the last of	sociatio	<u>n</u>	Contact N	ame	Address of Society/Association 220 Leigh Farm Road	Telephone Number of Society/Association 888-777-7077
	AICPA(mer					Durham, NC 716 Brook Street, Ste 100	
	CTCPA (n	nembei	r#3269)			Rocky Hill, CT 06067	860-258-4800
7.	Present or	propose	d position wi	th the Appli	cant Comp	any: Chief Financial Officer,	Executive Vice President
8.	including pofficership	present jos). Plead to prov	jobs, position se list the movide telephon	s, partnersh st recent fir e numbers	ips, owner st. Attach a and super	of an entity, administrato	mpensated or otherwise (up to and r, manager, operator, directorates or ce provided is insufficient. It is only the past ten (10) years. Additional national employers.
Beginni Dates (l	ng/Ending MM/YY): _	05/07	_ Present	_ Employe	r's Name: <u>F</u>	R.V.I. America Insurance Com	pany
							ovince: CT
Country	: USA		Postal Code:	06901	_ Phone: 2	03-975-2185 Offices/Posi	tions Held: CFO
Type of	Business:	Insura	ince		Superv	isor/Contact: Daniel Ega	in
Beginni Dates (1	ng/Ending MM/YY): _	08/05	01/07	_ Employe	r's Name: [	Pitney Bowes Inc.	
Address	s: <u>3001 St</u>	ımmer	Street	City: S	Stamford	State/Pi	ovince: CT
							ions Held: CFO - Capital Services
Beginni Dates (	ing/Ending MM/YY): _	03/01	08/05	_ Employe	er's Name: <u>'</u>	GE Capital	
Address	s: 140 Old F	Ridgebu	ıry Road	City:D	anbury	State/Pr	ovince: CT
Country	y: USA		Postal Code:	06810	_Phone:_	Offices/Posi	tions Held: Global Technical Controller
Type of	Business:	Finan	ce/Leasing		_ Superv	isor/Contact:	
	ing/Ending MM/YY): _	05/88	06/00	_ Employe	er's Name:	Mercedes Benz Credit Corpor	ation
Address	s: 201 Me	rritt 7		City:N	orwalk	State/Pr	ovince: CT
Country	y: USA		Postal Code:	06850	_Phone:_	Offices/Posi	tions Held: Director, Accounting Services
Type of	f Business:	Finan	ce / Leasin	g	_ Superv	isor/Contact:	

Applic	ant Comp	oany Name : K.	V.I. America	insurance Company	<del></del>	FEIN:	36-249008	36
9.	a.	Have you eve	er been in a	position which requ	ired a fide	elity bond?		
		Yes						
		If any claims	were made	e on the bond, give d	etails:			
	b.	Have you ev	er been de	nied an individual	or position	n schedule fidelity	bond, or l	had a bond canceled or
		Yes	No 🔽					
		If yes, give d	etails:					· · · · · · · · · · · · · · · · · · ·
10.	or gove in the p the lice numbe are rea represe	ernmental licen past. For any no ensing authority r is your Social	sing agency on-insurance or regulate Security Nable as your SSN. (For o	y or regulatory authore regulatory issuer, is ory body having jurn fumber (SSN) or emour SSN, then write example, "SSN", "1	ority or lice dentify an a soliction of the beds your SSN for the beds your	censing authority that provide the name over the license (s) is SSN or any sequental to the portion of the province of the pro	at you prese, address a ssued. If you professiona	ies) issued by any public sently hold or have held and telephone number of your professional license than five numbers that al license number that is gits)). Attach additional
Ouconi	igation/Ia	guer of License	. State Bo	ard of Accountancy	Address	·30 Trinity Street	- 2	
10.00				:: CT				
				nse #: CPAL.0003370				
Non-Ir	surance	Regulatory Pho	ne Number	r (if known): 860-509	-6179			
Organ	ization/Is	suer of License	·		Address	:		
City: _		Sta	te/Province	e:	Country		Postal (	Code:
Licens	е Туре: _		Licen	se #:		Date Issued (MM/	YY):	
Date E	Expired (N	MM/YY):		Reason for Tern	nination:			
Non-I	nsurance	Regulatory Pho	one Number	r (if known):				
11.	In resp	oonding to the foord was sealed	ollowing, i	f the record has beer ed, an affiant may re	sealed or spond "no	expunged, and the or to the question. H	affiant has lave you e	s personally verified that ver:
	a.	Been refused any public ad	I an occupa Iministrativ	ational, professional ve, or governmental	or vocati	ional license or per agency?	nit by any	regulatory authority, or
		Yes	No 🔼					
	b.	Had any occ any judicial,	upational, administra	professional, or voc tive, regulatory, or d	ational lic isciplinar	ense or permit you y action?	hold or ha	ave held, been subject to

ant Co	ompany Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
	Yes No V		
c.	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regula	you or your occupat atory, or disciplinary	ional, professional, or vocation action?
	Yes No V		
d.	Been charged with, or indicted for, any criminal offen	se(s) other than civi	1 traffic offenses?
	Yes No V		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal of	offense(s) other than civil tra
	Yes No V		
f.	Had adjudication of guilt withheld, had a sentence impossible suspended, or been pardoned, fined, or placed on partraffic offenses?	posed or suspended, robation, for any cr	had pronouncement of a sente iminal offense(s) other than of
	Yes No V		
g.	Been subject to a cease and desist letter or order, or enjoin administrative, regulatory, or disciplinary action, from vio regulating the business of insurance, securities or banking practices in the course of the business of insurance, security	lating any federal, s ing, or from carryi	tate law or law of another cou
	Yes No V		
h.	Been, within the last ten (10) years, a party to any civ financial dispute?	il action involving	dishonesty, breach of trust, of
	Yes No V		
i.	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of	laws, or credit unio	on laws, or that you have viole
	Yes No V		
j.	Had a lien or foreclosure action filed against you or any en	ntity while you were	associated with that entity?
	Yes No V		
	If the response to any question above is yes, please provi Attach a copy of the complaint and filed adjudication or se	ide details including	g dates, locations, disposition,

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applic	cant Comp	pany Name : R.V.I. America Insurance Company	NAIC No.	23132 36-2490086
			FEIN:	30-2490086
	holds v	held by the person. Control shall be presumed to exist if with the power to vote, or holds proxies representing, ten person. None	f any person, dire ercent (10%) or m	ctly or indirectly, owns, controls, nore of the voting securities of any
	If any o	of the stock is pledged or hypothecated in any way, give de	etails	
	+			
13.	or of regulate directly	ill] you or members of your immediate family individuall ecord, 10% or more of the outstanding shares of stock or ory authority, or its affiliates? An "affiliate" of, or person y, or indirectly through one or more intermediaries, control to person specified.	of any entity subj "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
	Yes	No 🗸		
		please identify the company or companies in which the c standing voting securities.	umulative stock h	noldings represent 10% or more of
	If any o	of the shares of stock are pledged or hypothecated in any v	way, give details.	
14.	Have v	ou ever been adjudged a bankrupt?		
	55	No No		
		provide details:		
	95590 <b>-</b> 05590 <b>-</b> 0	Constant State-Constant		
15.	which control	or knowledge has any company or entity (including er you were an officer or director, trustee, investment co ling stockholder, had any of the following events occur ding company level provide the group code.	mmittee member	, key management employee or
	a.	Been refused a permit, license, or certificate of autholicensing agency? Yes No	ority by any regul	latory authority, or governmental-
	b.	Had its permit, license, or certificate of authority suspes subjected to any judicial, administrative, regulatory, liquidation, receivership, conservatorship, federal band or any other similar proceeding)?	or disciplinary a	ection (including rehabilitation,
		Yes No		
	c.	Been placed on probation or had a fine levied agains authority in any civil, criminal, administrative, regulato	st it or against it ry, or disciplinary	s permit, license, or certificate of action?
		Yes No 🗸		

Applicant Company Name : R.V.I. America Insurance Company	NAIC No.	
	FEIN:	36-2490086
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months at	letails. When re îter his or her de	sponding to questions (b) and (c), parture from the entity.
Note: If an affiant has any doubt about the accuracy of an answer and an explanation provided.	er, the question s	should be answered in the positive
Dated and signed this 1911 day of Nosin 20 15 at under penalty of perjury that I am acting on my own behalf and that the for of my knowledge and belief.		
I hereby acknowledge that I may be contacted to provide additional info	ormation regardi	ng international searches.
(Signature of Affiant)		
State of: Connecticut County of: Faicfield  The foregoing instrument was acknowledged before me this 19 day of N	ovember 201	9 by David A. Klanica
and:		
who is personally known to me, or		
who produced the following identification:	•	
[SEAL]	5	Notary Public Printed Notary Name My Commission Expires JILL E. DELEO
		NOTARY PUBLIC MY COMMISSION EXPIRES JUNE 30, 2020

NAIC No.	23132		
EIN:	36-2490086		

# 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 R.V.I. America Insurance Company [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Human Resources [company's designated person, position, or department, address and phone].
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.
I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) 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.
David A. Klanica 6 Palestine Road, Newtown, CT 06470
(Printed Full Name and Residence Address)
(Signature) (Date)  State of: Connecticut County of: Fairfield
State of: Connecticut County of: Fairfield
The foregoing instrument was acknowledged before me this 19th day of November, 2019 by
David A. Klanica, and:
who is personally known to me, or
who produced the following identification:  [SEAL]    Notary Public   Printed Notary Name   Season   My Commission Expires

NOTARY PUBLICORM 11
OMMISSION EXPIRES JUNE 30, 2020

NAIC No.	23132		
FEIN:	36-2490086		

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

201 Bro	oad Street, six	th floor				
Stamfor	rd	СТ		06901	USA	
203-97	5-2100		203-9	75-2199		
as here fully.)	einafter set IF ANSWE	h the above-named entity forth. (Attach addendum ER IS "NO" OR "NONE," DELAY THE APPLICATION	or separate sheet in SO STATE. ALL	f space hered FIELDS MUS	on is insufficient to ST HAVE A RESI ECTION OF THE A	to answer any questic PONSE. INCOMPLET APPLICATION.
1.		Full Name (Initials Not Acc		Middle	: Lamar Las	t: O'Bryan
2.		Are you a citizen of the Unit	ed States?			
		are you a citizen of any other	er country?			
	Y	es No 🗸				
	I	f yes, what country?				
3.	Affiant's	occupation or profession: In	surance			
4.	Affiant's l	ousiness address:201 Broad S	Street, sixth floor			
	Business t	elephone: <u>203-975-2153</u>	Busi	ness Email: job	ryan@rvigroup.com	
5.	Education	and training:				
College	e/University	City/S	State	Dates Atte	ended (MM/YY)	Degree Obtained
Elmhu	urst Colleg	je Elm	hurst / IL	09	9/69-05/73 Bac	chelors
Gradua None	ate Studies	College/University	City/State	Dates Atte	ended (MM/YY)	Degree Obtained
Other T	Гraining: Na	me <u>City/State</u>	Dates Attende	ed (MM/YY)	<u>Degree</u>	/Certification Obtained

Applica	nt Company Nai	me : R.V.I. Americ	a Insurance C	Company	NAIC No. FEIN:	23132 36-2490086
6.	List of member	ships in professi	onal societio	es and associa	ations:	
	Name of Society/Association	ation	Contact N	<u>ame</u>	Address of Society/Association	Telephone Number of Society/Association
7.	Present or prop	osed position wi	th the Appli	cant Compan	y: Senior Vice President, Co	ommercial Equipment
8.	including prese officerships). P necessary to p	nt jobs, position lease list the mo- rovide telephon	s, partnershi st recent firs e numbers	ips, owner of st. Attach add and supervis	an entity, administrator, litional pages if the space	pensated or otherwise (up to and manager, operator, directorates or provided is insufficient. It is only past ten (10) years. Additional cional employers.
Beginni Dates (1	ng/Ending MM/YY): 04/20	001 _ present	_ Employe	r's Name:_R.\	V.I. America Insurance Comp	any
Address	: 201 Broad S	Street	City: S	Stamford	State/Prov	rince: CT
						ons Held: VP/SVP/ Man. Dir.
		idual Value Ir			r/Contact: Daniel Egar	
Beginni Dates (1	ng/Ending MM/YY): <sup>12/9</sup>	97 _ 03/01	_ Employe	's Name: CIT	Γ Equipment Finance	
Address	:_11 West 42	2nd Street	City:	New York	State/Prov	rince: NY
Country	: USA	_ Postal Code:	10036	_ Phone: 212-	-461-5200 Offices/Position	ns Held: Vice President
Type of	Business: Co	mmercial Ler	nder	Supervisor	r/Contact:	
Beginnii	ng/Ending			s's Name:		
Address	t		City:		State/Provi	nce:
Country	٢	_ Postal Code:		Phone:	Offices/Position	ns Held:
Type of	Business:			Supervisor	r/Contact:	
	ng/Ending MM/YY):		_ Employer	.'s Name:		
Address	:		City:		State/Provi	nce:
Country	•	_ Postal Code:		_Phone:	Offices/Position	ns Held:
Type of	Business:			Supervisor	r/Contact:	

Applica	ant Comp	pany Name : R.V.I. America Insurance	Company	NAIC No. FEIN:	23132 36-2490086					
9.	a.	a. Have you ever been in a position which required a fidelity bond?								
		Yes No No								
		If any claims were made on the bond, give details:								
	b.	Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?								
		Yes No V								
		If yes, give details:								
10.	or gove in the p the lice number are rea represe pages i	y professional, occupational and vo- ernmental licensing agency or regu- past. For any non-insurance regulate ensing authority or regulatory body r is your Social Security Number (Sonably identifiable as your SSN, ented by your SSN. (For example, of the space provided is insufficient.	latory authority or licensing ory issuer, identify and proving jurisdiction over the SSN) or embeds your SSN of then write SSN for that po "SSN", "12-SSN-345" or	g authority the vide the name e license (s) is or any sequention of the p "1234-SSN"	at you presently hold or have held address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional					
Organiz	zation/Iss	suer of License:	Address:							
City: _		State/Province:	Country:		Postal Code:					
License	Type:_	License #:	Date l	Issued (MM/Y	/Y):					
Date Ex	kpired (M	/IM/YY): Reaso	on for Termination:							
Non-In	surance I	Regulatory Phone Number (if know	n):							
Organiz	zation/Iss	suer of License:	Address:							
City: _		State/Province:	Country:		Postal Code:					
License	Туре: _	License #:	Date l	Issued (MM/)	/Y):					
Date Ex	kpired (M	/IM/YY): Reaso	on for Termination:							
Non-In	surance I	Regulatory Phone Number (if know	n):							
11.		onding to the following, if the record ord was sealed or expunged, an affi								
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, of any public administrative, or governmental licensing agency?								
		Yes No V								
	b.	Had any occupational, profession any judicial, administrative, regu			nold or have held, been subject to					

Applic	eant Comp	pany Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086					
	holds v	neld by the person. Control shall be presumed to exit with the power to vote, or holds proxies representing, the erson. None	st if any person, dire en percent (10%) or n	ectly or indirectly, owns, controls, nore of the voting securities of any					
	If any o	of the stock is pledged or hypothecated in any way, give	ve details						
13.	or of regulated directly	ill] you or members of your immediate family individed and 10% or more of the outstanding shares of stoory authority, or its affiliates? An "affiliate" of, or per y, or indirectly through one or more intermediaries, can be person specified.	ck of any entity subject of any entity subject of any entity subject of the control of the contr	ject to regulation by an insurance, a specific person, is a person that					
	Yes	No 🗸							
		If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.							
	If any o	of the shares of stock are pledged or hypothecated in a	ny way, give details.						
14.	Have y	ou ever been adjudged a bankrupt?							
	Yes [	No V							
	If yes,	provide details:							
	*								
15.	which control	or knowledge has any company or entity (including you were an officer or director, trustee, investmenting stockholder, had any of the following events och ding company level provide the group code.	t committee member,	, key management employee or					
	a.	Been refused a permit, license, or certificate of audicensing agency? Yes No	nthority by any regul	latory authority, or governmental-					
	b.	Had its permit, license, or certificate of authority su subjected to any judicial, administrative, regulato liquidation, receivership, conservatorship, federal or any other similar proceeding)?	ry, or disciplinary a	ction (including rehabilitation,					
		Yes No V							
	c.	Been placed on probation or had a fine levied ag authority in any civil, criminal, administrative, regu							
		Yes No 🗸							

Applicant Company Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months	details. When re	esponding to questions (b) and (c),
Note: If an affiant has any doubt about the accuracy of an answand an explanation provided.	wer, the question s	should be answered in the positive
Dated and signed this 19th day of 100 mber 20 19 at under penalty of perjury that I am acting on my own behalf and that the foof my knowledge and belief.	Stamford oregoing statement	. I hereby certify nts are true and correct to the best
X I hereby acknowledge that I may be contacted to provide additional in	formation regardi	ng international searches.
(Signature of Affiant)		
State of: Connecticut County of: Faicfield		
The foregoing instrument was acknowledged before me this 19th day of N	ovember201	9 by John L. O'Bryan
and:		
y who is personally known to me, or		
☐ who produced the following identification:		
[SEAL]		Notary Public  Printed Notary Name
	N	My Commission Expires  JILL E. DELEO  NOTARY PUBLIC  Y COMMISSION EXPIRES JUNE 30, 2020

FEIN:

36-2490086

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact N Semrow, 201 Broad St, Stamdord, CT 06905 203 [company's designated person, position, or department, address and phone].

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

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

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

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

John Lamar O'Bryan	342 Loveland Road, Stam	oford. CT 06905
(Signature) State of: Connecticut	(Printed Full Name and Residence  County of: Fairfield  acknowledged before me this	SCHOOL ST. D. S. CONTROLL.
who is personally known to me	, or	
who produced the following ide	ntification:	Notary Public Clo
		Printed Notary Name  My Commission Expires

	To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.  (Print or Type)						
		nd telephone number of the pro Group Names). <u>R.V.I. America I</u>			nis biographical s		
	201 Broad Street, 6th F	loor					
	Stamford	СТ	06	901	USA		
	203 258 9513		203-975	-2199			
	as hereinafter set fo fully.) IF ANSWER	the above-named entity, I in the control of the con	eparate sheet if STATE. ALL FI	space hereon is insu ELDS MUST HAVE	afficient to answer	wer any question E. INCOMPLETE	
0	1. Affiant's Ful	l Name (Initials Not Acceptab	le): First: Elizabet	Middle:_Shepard	Last:_Lute:	3	
	2. a. Are	you a citizen of the United Sta	ates?				
	Yes	No No					
	b. Are	you a citizen of any other cou	ntry?				
	Yes	No 🗸					
	If v	res, what country?					
	Gh 990 <b>₽</b> 4	cupation or profession:Executive	е				
		siness address; R.V.I. America Ins		01 Broad Street 6th Floor	, Stamford, CT 069	901	
		ephone: 203 975 2115		ss Email; elutes@rvigro			
	<ol><li>Education ar</li></ol>						
	College/University	City/State		Dates Attended (MI	M/YY) 1	Degree Obtained	
	San Francisco Cons		incisco, CA	1981-82	BA in Mu	*	
		creatory or widdle	950	Applies to appendix at a page to			
	Graduate Studies	College/University	City/State	Dates Attended (M)	<u>M/YY)</u>	Degree Obtained	
20000	Other Training: Name	e <u>City/State</u>	Dates Attended	(MM/YY)	Degree/Certif	ication Obtained	
	applicable,	ended a foreign school, please provide the foreign student to the Biographical Affidavit Pe	Identification Nu	nber and/or attach f			

Applica	nt Compan	y Name : R.V.I. America	Insurance Company	NAIC No. FEIN:	23132 36-2490086		
6.	List of me	emberships in profession	onal societies and associa	tions:			
	Nam Society/A		Contact Name	Address of Society/Association	Telephone Number of Society/Association		
7.	Present or	proposed position wit	h the Applicant Compan	y; EVP, People, Planning an	d Communication		
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. Addition information may be required during the third-party verification process for international employers.						
Beginni Dates (I	ng/Ending MM/YY):	12/2003 _ current	_ Employer's Name: R.V.	I. America Insurance Compa	ny		
					ince: CT		
Country	: USA	Postal Code:	06901 Phone: 203	975 2100 Offices/Positio	ns Held: VP, SVP, EVP		
				r/Contact: Michael McG			
Reginni	na/Fndina		_ Employer's Name: Self	employed			
					ince: CO		
Country	: USA	Postal Code:	Phone: 970	884 9388 Offices/Position	ns Held: Consultant		
Type of	Business:	Consulting	Superviso	r/Contact: none			
Beginni	ng/Ending		_ Employer's Name:				
Address	:		City:	State/Provi	nce:		
Country	·	Postal Code:	Phone:	Offices/Position	ns Held:		
Type of	Business:	,	Superviso	r/Contact:			
	ng/Ending MM/YY): _		_ Employer's Name:		3 E F		
Address	<b>:</b>		City:	State/Provi	nce:		
Country	r:	Postal Code:	Phone:	Offices/Position	ns Held:		
Type of	Business:		Superviso	r/Contact:			

Applica	int Comp	any Name : R.V.I. America Insurance Col	npany	NAIC No. FEIN:	23132 36-2490086
9.	a.	Have you ever been in a position wh	ich required a fidelity be	ond?	
		Yes No V			
		If any claims were made on the bond	l, give details:		
	b.	Have you ever been denied an indirevoked?	vidual or position sche	dule fidelity	bond, or had a bond canceled or
		Yes No V			
		If yes, give details:			
10.	or gove in the p the licer number are reas represen	rprofessional, occupational and vocate rnmental licensing agency or regulator ast. For any non-insurance regulatory unsing authority or regulatory body have is your Social Security Number (SSN sonably identifiable as your SSN, then the day your SSN. (For example, "Softhe space provided is insufficient.	ory authority or licensing issuer, identify and proving jurisdiction over the loor embeds your SSN or write SSN for that possess, "12-SSN-345" or	g authority the ride the name e license (s) is or any sequen rtion of the p "1234-SSN"	at you presently hold or have held , address and telephone number of ssued. If your professional license ace of more than five numbers that rofessional license number that is
Organiz	zation/Iss	uer of License:	Address:		
City: _		State/Province:	Country:		Postal Code:
License	Туре:	License #:	Date l	Issued (MM/	/Y):
Date Ex	pired (M	IM/YY): Reason f	or Termination:		
Non-Ins	surance R	Regulatory Phone Number (if known):			
Organiz	zation/Iss	uer of License:	Address:		
City: _		State/Province:	Country:		Postal Code:
License	Туре:	License #:	Date l	Issued (MM/	YY):
Date Ex	pired (M	IM/YY): Reason f	or Termination:		
Non-In:	surance R	Regulatory Phone Number (if known):			
11.		onding to the following, if the record l ord was sealed or expunged, an affiant			
	a.	Been refused an occupational, profe any public administrative, or govern			nit by any regulatory authority, or
		Yes No V			
	b.	Had any occupational, professional, any judicial, administrative, regulator			hold or have held, been subject to

nt Cor	npany Name : R.V.I. America Insurance Company	NAIC No. <u>23</u> ° FEIN: <u>36</u> -	2490086
holds	e held by the person. Control shall be presumed to exist is with the power to vote, or holds proxies representing, ten person.	percent (10%) or more	or indirectly, owns, controls, of the voting securities of any
If any	y of the stock is pledged or hypothecated in any way, give o		
or of regul direc	Will] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock atory authority, or its affiliates? An "affiliate" of, or personally, or indirectly through one or more intermediaries, contractly the person specified.	of any entity subject n "affiliated" with, a sp	to regulation by an insurance pecific person, is a person that
	No No s, please identify the company or companies in which the cutstanding voting securities.	cumulative stock holdi	ngs represent 10% or more of
If any	of the shares of stock are pledged or hypothecated in any	way, give details.	
То у	our knowledge has any company or entity (including e	ntities controlled by t	the holding company) for
contr	n you were an officer or director, trustee, investment coolling stockholder, had any of the following events occur olding company level provide the group code.		
a.	Been refused a permit, license, or certificate of authorities agency? Yes No	ority by any regulator	y authority, or governmental-
b.	Had its permit, license, or certificate of authority suspensible subjected to any judicial, administrative, regulatory, liquidation, receivership, conservatorship, federal barror any other similar proceeding)?	or disciplinary action	n (including rehabilitation,
	Yes No 🗸		
c.	Yes No Postion or had a fine levied again authority in any civil, criminal, administrative, regulate	st it or against its pe	
c.	Been placed on probation or had a fine levied again	st it or against its pe	

Applicant Company Name : R.V.I. America Insurance Company	NAIC No. 23132
	FEIN: <u>36-2490086</u>
If the answer to any of the above is yes, please indicate and affiant should also include any events within twelve (12) more	
Note: If an affiant has any doubt about the accuracy of an and an explanation provided.	answer, the question should be answered in the positive
Dated and signed this 19 <sup>th</sup> day of November 20 19 under penalty of perjury that I am acting on my own behalf and that to find the second seco	at <b>Stanford</b> , CT. I hereby certify he foregoing statements are true and correct to the best
I hereby acknowledge that I may be contacted to provide addition	al information regarding international searches.
Whites	
(Signature of Affiant)	
State of: Connecticut County of: Fairfield The foregoing instrument was acknowledged before me this 9 day of	
and:	
who is personally known to me, or	
☐ who produced the following identification:	
[SEAL]	Notary Public
SEAL	Printed Notary Name  Jone 30, 2020
	My Commission Expires  JILL E. DELEO  NOTARY PUBLIC
	MY COMMISSION EXPIRES JUNE 30, 2020

FEIN:

36-2490086

#### 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) R.V.I. America Insurance Company [company name] ("Company") for licensure or a permit to organ ("Application") with a department of insurance in one or more states within the United States. Company desires to procur consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review b department of insurance in any state where Company pursues an Application during the term of your functioning as seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report required by a department of insurance reviewing any Application. Background Reports requested pursuant to y authorization below may contain information bearing on your character, general reputation, personal characteristics, mode living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure a Authorization will be maintained as confidential.	nize re a by a c, or ) of rt is rour e of ound
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produ them. You may also request more information about the nature and scope of such reports by submitting a written request Company. To obtain contact information regarding CRA or to submit a written request for more information, continuous formation, company's designated person, position, or department, address a phone].	t to
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."	
<b>AUTHORIZATION:</b> I am currently an Affiant of Company as defined above. I have read and understand the about Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in a state where Company files or intends to file an Application, and to the Company, for purposes of investigating and review such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concern me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the forego Background Reports, except records that have been erased or expunged in accordance with law.	any ving ning
I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and t Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Backgrou Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following date of my signature below.	und r of
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.	
Elizabeth Shepard Lutes 701 Hilltop North Drive., Bayfield, CO 81122	
(Printed Full Name and Residence Address)  November 19, 20  (Signature)  (Date)	19
State of: Connecticut County of: fairfield  The foregoing instrument was acknowledged before me this 19th day of November, 2019	by
Elizabeth S. Lutes, and:	
who is personally known to me, or	
who produced the following identification:	
[SEAL]  Notary Public  Printed Notary Name  Joe 30  My Commission Expires	_
©2019 National Association of Insurance Commissioners  9  **ILL E. DELEOsed 04/08  **NOTARY PUBLIC** FORM	3/19
©2019 National Association of Insurance Commissioners 9 NOTARY PUBLIC FORM Y COMMISSION EXPIRES JUNE 30, 2020	[11

NAIC No.	23132	
FEIN:	36-2490086	

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

		(Print or Type	)		
Full name, address and to required (Do Not Use Gr			entity under which	this biographic	al statement is being
201 Broad Street, 6th Floor					
Stamford	СТ	069	01	USA	
203-975-2100		203-975-	2199		
In connection with the as hereinafter set forth. fully.) IF ANSWER IS FORMS COULD DELA	(Attach addendum or "NO" OR "NONE," SO	separate sheet if so STATE. ALL FIE	pace hereon is in	nsufficient to a	inswer any question USE. INCOMPLETE
1. Affiant's Full Na	ame (Initials Not Accepta	ble): First: Wei	Middle:	Last:_Fa	an
2. a. Are you	u a citizen of the United S	states?			
Yes	No				
b. Are you	a citizen of any other co	untry?			
Yes	No No				
If yes, v	what country? Canada				
3. Affiant's occupa	ition or profession: <u>Insuran</u>	ce Executive			
4. Affiant's busines	ss address:201 Broad Street	t, 6th Floor, Stamford, 0	CT 06901		
Business telepho	one: <u>203-975-2178</u>	Business	s Email: wfan@rvigro	oup.com	
5. Education and tr	aining:				
College/University	City/State		Dates Attended (N	MM/YY)	Degree Obtained
Shanghai Jiao Tong	University Shangl	hai/China	09/84-07/8	8 B.S. in	Physics
Graduate Studies	College/University University of Michigar	<u>City/State</u> 1 Ann Arbor, <b>MI</b>	Dates Attended (N		Degree Obtained  D. in Economics
Other Training: Name	City/State	Dates Attended (	MM/YY)	Degree/Cer	tification Obtained
University of Delawa	3	01/91-		M.A. in p	— — — — — — — <u>— — — — — — — — — — — — </u>
Note: If affiant attende	ed a foreign school pleas	se provide full addre	ess and telephone t	number of the c	college/university If

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company Name	: R.V.I. Americ	a Insurance Company	NAIC No.	
				FEIN:	36-2490086
6.	List of membersh	ips in professi	onal societies and ass	sociations:	
	Name of Society/Associati	<u>on</u>	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	<b>CFA Instit</b>	:ute	NA	292 Madison Ave, 2nd Floor, New York, N	Y 10017 1-434-951-5499
	American Economic	Association	NA	2014 Broadway, Suite 350, Nashville, Th	N 37203 1-615-322-2595
7.	Present or propos	ed position wi	th the Applicant Com	npany: Senior Vice President, Pas	senger Vehicle
8.	including present officerships). Plea necessary to pro	jobs, position ase list the mo wide telephon	s, partnerships, owne st recent first. Attach e numbers and sup	er of an entity, administrator, no additional pages if the space p	ensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only past ten (10) years. Additional onal employers.
Beginnii Dates (N	ng/Ending MM/YY): 9/07	_ present	Employer's Name	R.V.I. America Insurance Co.	
				State/Provi	nce: Connecticut
Country	USA	Postal Code:	06901 Phone:	203-975-2178 Offices/Position	ns Held: SVP/VP/AVP
Гуре of	Business: Insura	ance	Super	rvisor/Contact: Mike McGroat	ty/Dan Egan/David Klanica
Beginnii Dates (N	ng/Ending MM/YY):5/01	8/07	_ Employer's Name	J D Power & Associates	
Address	320 E. Big Be	aver Road	City: Troy	State/Provi	nce: Michigan
Country	USA	Postal Code:	48083 Phone:	248-680-6200 Offices/Position	s Held: Director/Senior Manager
Type of	Business: Cons	ulting	Super	visor/Contact: Scott Johnson	n/Jie Cheng
Beginnii Dates (N	ng/Ending MM/YY): 09/95	12/00	_ Employer's Name	Department of Economics, Univers	sity of Michigan
Address	: <u>611 Tappan</u> S	treet	<sub>City:</sub> Ann Arbo	State/Proving	ace: Michigan
Country	USA	Postal Code:	48109 Phone:	734-764-2355 Offices/Position	s Held: Graduate Instructor
Type of	Business:		Super	rvisor/Contact:	
Beginnii Dates (N	ng/Ending MM/YY):	<b>**</b>	_ Employer's Name	i	
Address	;		City:	State/Provir	nce:
Country	:1	Postal Code:	Phone:	Offices/Position	s Held:
Type of	Business:		Super	rvisor/Contact:	

Applica	ant Comp	pany Name : R.V.I. America Insurance Co	ompany	NAIC No. FEIN:	23132 36-2490086
9.	a.	Have you ever been in a position w	hich required a fidelity b	oond?	
1707	2327	Yes No 🗸			
		If any claims were made on the bon	d, give details:		
	b.	Have you ever been denied an increvoked?	lividual or position scho	edule fidelity b	oond, or had a bond canceled or
		Yes No V			
		If yes, give details:			
10.	or gove in the p the lice number are reas	y professional, occupational and voca ernmental licensing agency or regulate past. For any non-insurance regulatory ensing authority or regulatory body have is your Social Security Number (SS) sonably identifiable as your SSN, the ented by your SSN. (For example, "S f the space provided is insufficient.	ory authority or licensing issuer, identify and proving jurisdiction over the N) or embeds your SSN on write SSN for that possess, "12-SSN-345" or	g authority tha vide the name, he license (s) is or any sequence ortion of the pr "1234-SSN" (	t you presently hold or have held address and telephone number of sued. If your professional license see of more than five numbers that ofessional license number that is
Organi	zation/Iss	suer of License:	Address:		
		State/Province:			
License	е Туре: _	License #:	Date	Issued (MM/Y	Y):
Date Ex	xpired (M	ſM/YY): Reason	for Termination:		
Non-In	surance I	Regulatory Phone Number (if known)	t		
Organi	zation/Iss	suer of License:	Address:		
City: _		State/Province:	Country:		_Postal Code:
License	е Туре: _	License #:	Date	Issued (MM/Y	Y):
Date Ex	xpired (M	fM/YY): Reason	for Termination:		
Non-In	surance I	Regulatory Phone Number (if known)	:		
11.		onding to the following, if the record ord was sealed or expunged, an affian			
	a.	Been refused an occupational, profund any public administrative, or govern			it by any regulatory authority, or
		Yes No V			
	b.	Had any occupational, professional any judicial, administrative, regulat			old or have held, been subject to

4

licant Com	pany Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
holds	held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, ten person.	if any person, dire percent (10%) or n	ectly or indirectly, owns, controls,
If any	of the stock is pledged or hypothecated in any way, give		
or of regular	[ill] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock tory authority, or its affiliates? An "affiliate" of, or persoy, or indirectly through one or more intermediaries, cont he person specified.	of any entity subj	ject to regulation by an insurance, a specific person, is a person that
	No please identify the company or companies in which the tstanding voting securities.	cumulative stock h	noldings represent 10% or more of
If any	of the shares of stock are pledged or hypothecated in any	way, give details.	
Yes [ If yes,  To yo which contro	provide details:  ur knowledge has any company or entity (including e you were an officer or director, trustee, investment colling stockholder, had any of the following events occur	ommittee member,	, key management employee or
a.	Been refused a permit, license, or certificate of auth licensing agency?  Yes No	ority by any regul	latory authority, or governmental-
b.	Had its permit, license, or certificate of authority susp subjected to any judicial, administrative, regulatory, liquidation, receivership, conservatorship, federal bar or any other similar proceeding)?	, or disciplinary a	action (including rehabilitation,
c.	Yes No Deen placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulate		
	Yes No V		

Applicant Company Name : R.V.I. America Insurance Company	NAIC No. 23132 FEIN: 36-2490086
If the answer to any of the above is yes, please indicate and giraffiant should also include any events within twelve (12) month	
Note: If an affiant has any doubt about the accuracy of an an and an explanation provided.	swer, the question should be answered in the positive
Dated and signed this 19th day of November 20 19 under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	at <u>Stamford</u> , <u>CT</u> . I hereby certify foregoing statements are true and correct to the best
X I hereby acknowledge that I may be contacted to provide additional	information regarding international searches.
(Signature of Affiant)	
State of: Connecticut County of: Fairfield	
The foregoing instrument was acknowledged before me this 19 day of	November 2019 by Wei Fan,
and:	
who is personally known to me, or	
who produced the following identification:	Chief Dela
[SEAL]	Notary Public Printed Notary Name Tune 30, 2020 My Commission Expires
	JILL E. DELEO NOTARY PUBLIC MY COMMISSION EXPIRES JUNE 30, 2020

NAIC No. 23132 FEIN: 36-2490086

#### 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 R.V.I. America Insurance Company [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact [company's designated person, position, or department, address and
phone].
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."
<b>AUTHORIZATION:</b> 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) six (6) 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.
Wer Fan, 109 South DWINU, New Canaan, C706840  (Printed Full Name and Residence Address)  (Signature)  State of: Connecticut County of: Fairfield
The foregoing instrument was acknowledged before me this 19 <sup>th</sup> day of November, 2019 by wei fan, and:
who is personally known to me, or
who produced the following identification:  [SEAL]  Notary Public  Printed Notary Name  30, 2080  My Commission Expires  JILL E. DE Revised 04/08/19  NOTARY PUBLIC FORM 11
MY COMMISSION EXPIRES JUNE 30, 2020

FEIN:

36-2490086

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Shanghai Jiao Tong University, 1954 Huashan Road, Shanghai, China 20003

President's Office: (86)-21-62932444 Foreign Affairs Office: (86)-21-62932414

Applicant Company Name: R.V.I. America Insurance Company	NAIC No.	23132	
	FEIN:	36-2490086	

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign

school	or lived	and worked	l internation	nally.	(Print or	Гуре)			~
					oresent or propo a Insurance Comp		er which thi	is biograpl	hical statement is being
201 Br	road Street	t, Sixth Floor							
Stamfo	ord		СТ	i e		06901		USA	
203-97	75-2164				203	-975-2199			
as here fully.) FORM	einafter : IF ANS	set forth. ( WER IS "	(Attach add NO" OR "	dendum or NONE," SO	separate sheet  STATE. ALI	if space here	eon is insu JST HAVE	fficient to	ormation about mysel answer any question ONSE. INCOMPLETE PPLICATION.
<b>0</b> 1.	Affiant	's Full Nan	ne (Initials	Not Accepta	ble): First: Rog	erMiddl	le: Raymond	Last:	Morin
2.	a.	Are you	a citizen of	the United S	States?				
		Yes 🗸	No						
	b.	Are you	a citizen of	any other co	ountry?				
		Yes	No						
		If ves. w							
3.	Affian	A			nce Underwriting		<del></del>		
4.	Affian	t's business	address: 20	1 Broad Stree	et, Sixth Floor, St	amford, CT 0690	1		
	Busine	ess telephon	ie: <u>203-975-</u> 2	2164	Bu	siness Email: <u>rr</u>	morin@rvigrou	up.com	
5.	Educat	tion and trai	ining:						
Colleg	ge/Univer	sity		City/State		Dates At	tended (MM	1/YY)	Degree Obtained
Unive	ersity of	Connecti	cut	Storrs,	CT		9/78-6/82	ВА	
Gradua	ate Studie	<u>es</u>	College/Un	iversity	City/State	Dates At	tended (MM	<u>1/YY)</u>	Degree Obtained
Other '	Training:	Name	City/St	ate	Dates Atten	ded (MM/YY)		Degree/0	Certification Obtained
Note:									e college/university. If loma or certificate of

attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company 1	Name : R.V.I. Americ	a Insurance C	Company	NAIC No FEIN:	23132 36-2490086
6.	List of mem	berships in professi	onal societie	es and associa	ations:	
	Name Society/Asse		Contact N	<u>ame</u>	Address of Society/Association	Telephone Number of Society/Association
7.	Present or p	roposed position wi	th the Appli	cant Compan	y: Senior Vice President, C	Commercial Equipment
8.	including pr officerships necessary to	esent jobs, position Description Please list the mo Description provide telephon	s, partnersh st recent fir e numbers	ips, owner of st. Attach add and supervi	f an entity, administrator ditional pages if the spac	npensated or otherwise (up to and, manager, operator, directorates of e provided is insufficient. It is only e past ten (10) years. Additional employers.
Beginni Dates (	ing/Ending MM/YY):	04/03 _ Present	_ Employe	r's Name: R.V	/.l. America Insurance Comp	pany
Address	s: 201 Broad	Street, Sixth Flo	oor_City:St	amford	State/Pro	ovince: CT
Country	y: USA	Postal Code:	06901	_ Phone: 203	3-975-2164 Offices/Posit	ions Held: SVP
					or/Contact: Daniel Ega	
Beginni Dates (	ing/Ending MM/YY):	09/89 _ 03/03	_ Employe	r's Name: GE	Capital Corp.	
Address	s: Old Ridge	ebury Road	City: [	Danbury	State/Pro	ovince: CT
Country	y: USA	Postal Code:	06810	_ Phone:	Offices/Positi	ons Held: Sales Manager
Type of	f Business: F	inance		Superviso	or/Contact: John Gamb	per
Beginn Dates (	ing/Ending [MM/YY):		_ Employe	r's Name:		ŭ.
Address	s:		City:		State/Pro	vince:
Country	y:	Postal Code:		_Phone:	Offices/Positi	ons Held:
Type of	f Business: _			Superviso	or/Contact:	
Beginn Dates (	ing/Ending (MM/YY):		_ Employe	er's Name:		
Addres	s:		City:		State/Pro	vince:
						ons Held:
Type o	f Rusiness			Superviso	or/Contact:	

Applica	nt Comp	any Name : R.V.I. America Insurance Com	pany	NAIC No. FEIN:	23132 36-2490086
9.	a.	Have you ever been in a position which	ch required a fidelity b	ond?	
		Yes No No			
		If any claims were made on the bond,	give details:		
	b.	Have you ever been denied an indiv revoked?	idual or position scho	edule fidelity	bond, or had a bond canceled or
		Yes No V			
		If yes, give details:			
10.	or gove in the pe the licer number are reas represen	rprofessional, occupational and vocation remental licensing agency or regulatory ast. For any non-insurance regulatory is using authority or regulatory body having its your Social Security Number (SSN) conably identifiable as your SSN, then used by your SSN. (For example, "SSN the space provided is insufficient.	y authority or licensing suer, identify and proof ing jurisdiction over the or embeds your SSN write SSN for that pony, "12-SSN-345" or	g authority the vide the name le license (s) is or any sequent portion of the p "1234-SSN"	at you presently hold or have held, address and telephone number of ssued. If your professional license are of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organiz	zation/Iss	uer of License:	Address:	×	
		State/Province:			
License	Type:	License #:	Date	Issued (MM/	YY):
Date Ex	pired (M	IM/YY): Reason fo	r Termination:		
Non-In:	surance R	Regulatory Phone Number (if known): _			
Organiz	zation/Iss	uer of License:	Address:		
City: _		State/Province:	Country:		Postal Code:
License	Туре:	License #:	Date	Issued (MM/	YY):
Date Ex	cpired (M	IM/YY): Reason fo	r Termination:		
Non-In	surance F	Regulatory Phone Number (if known): _			
11.	In respo	onding to the following, if the record ha ord was sealed or expunged, an affiant r	as been sealed or expunay respond "no" to the	nged, and the ne question. H	affiant has personally verified that ave you ever:
	a.	Been refused an occupational, profes any public administrative, or government	sional, or vocational l nental licensing agenc	icense or pern y?	nit by any regulatory authority, or
		Yes No V			
	b.	Had any occupational, professional, of any judicial, administrative, regulator	or vocational license o	or permit you on?	hold or have held, been subject to

nt Con	npany Name : R.V.I. America Insurance Company	NAIC No. 23132 FEIN: 36-2490086
holds	held by the person. Control shall be presumed to exist is with the power to vote, or holds proxies representing, ten person.	percent (10%) or more of the voting securities of any
If any	of the stock is pledged or hypothecated in any way, give of	details
or of regula direct	Vill] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock atory authority, or its affiliates? An "affiliate" of, or person ly, or indirectly through one or more intermediaries, contribute person specified.	of any entity subject to regulation by an insurance n "affiliated" with, a specific person, is a person that
Yes	No 🗸	
	, please identify the company or companies in which the outstanding voting securities.	cumulative stock holdings represent 10% or more of
If any	of the shares of stock are pledged or hypothecated in any	way, give details.
—————————————————————————————————————	you ever been adjudged a bankrupt?	
Have Yes		
	, provide details:	
	9	
which contro the ho	our knowledge has any company or entity (including en you were an officer or director, trustee, investment coolling stockholder, had any of the following events occur olding company level provide the group code.  Been refused a permit, license, or certificate of authority.	ommittee member, key management employee or r while you served in such capacity? If employed at
a.	licensing agency? Yes No	ority by any regulatory authority, or governmental
b.	Had its permit, license, or certificate of authority susp subjected to any judicial, administrative, regulatory, liquidation, receivership, conservatorship, federal bar or any other similar proceeding)?	, or disciplinary action (including rehabilitation,
	Yes No 🗸	
c.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulate	
c.	Been placed on probation or had a fine levied again	

Applicant Company Name : R.V.I. America Insurance Company	NAIC No. FEIN:	23132 36-2490086
If the answer to any of the above is yes, please indicate and give de affiant should also include any events within twelve (12) months after the should also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within twelve (12) months after the should be approximately also include any events within the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and the should be approximately also include any events and approximately also include any events and a		
Note: If an affiant has any doubt about the accuracy of an answer and an explanation provided.	, the question s	hould be answered in the positive
Dated and signed this 19 day of November 20 19 at 1 under penalty of perjury that I am acting on my own behalf and that the fore of my knowledge and belief.	574vfe	ts are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional information (Signature of Affiant)	mation regardii	ng international searches.
State of: Connecticut County of: Fairfield		
The foregoing instrument was acknowledged before me this 19 day of	Vember20_1	9 by Roger Morin
and:		
who is personally known to me, or		
☐ who produced the following identification:	Ċ	
[SEAL]		Notary Public Printed Notary Name Ay Commission Expires
	М	JILL E. DELEO  NOTARY PUBLIC  Y COMMISSION EXPIRES JUNE 30, 2020

©2019 National Association of Insurance Commissioners

NAIC No. 23132 FEIN: 36-2490086

JILL E. DELEO PORTE

NOTARY PUBLIC
OMMISSION EXPIRES JUNE 30, 2...

### DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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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) six (6) 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.

Roger Raymond Morin	13 Hemlock Trail, New Fairfield, CT 06812	
	(Printed Full Name and Residence Address)	
(Signature)		(Date)
State of: Connecticut	County of: Fairfield	
The foregoing instrument was	acknowledged before me this 19th day of November	ec, 20 <u>19</u> by
Roger morin	, and:	
who is personally known to me,	or	
who produced the following iden	( Lee E.	Deleo
[SEAL]	Notary	eto
	Jone 3	0,2020
	My Commis	sion Expires

NAIC No.	23132	
FEIN:	36-2490086	

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

school or lived and wor	rked internationally.	(Print or Ty	pe)		
Full name, address and required (Do Not Use C	telephone number of the Group Names).R.V.I. Americ	present or propose a Insurance Compan	d entity under wh	ich this biographic	cal statement is being
201 Broad Street, 6th Flo	or				
Stamford	СТ	0	6901	USA	
203 943-1752	2	203 81	7-3877		
as hereinafter set fort fully.) IF ANSWER I FORMS COULD DEL	ne above-named entity, h. (Attach addendum or S "NO" OR "NONE," SO AY THE APPLICATION	separate sheet if D STATE. ALL F PROCESS or RES	Space hereon is STELDS MUST FOULT IN REJECT	s insufficient to HAVE A RESPO TON OF THE AP	answer any question NSE. INCOMPLETE PLICATION.
	Name (Initials Not Accepta		EL Middle: MA	RK Last: S	EIFE
2. a. Are y	you a citizen of the United	States?			
Yes	✓ No L				
b. Are y	you a citizen of any other c	ountry?			
Yes [	No 🗸			3( F)	MRI SI
If yes	s, what country?				
3. Affiant's occu	pation or profession:ATTO	RNEY			
4. Affiant's busi	ness address:201 BROAD ST	REET, 6TH FLOOR,	STAMFORD, CT 06	905	
Business telep	phone: 203 975-2107	Busin	ess Email: DSEIFE	@RVIGROUP.COM	
5. Education and	l training:				
College/University	City/State	e	Dates Attende	d (MM/YY)	Degree Obtained
UNION COLLEGE		ectady, NY	09/78 -	06/82 BA Ec	conomics
Graduate Studies LAW	College/University CARDOZO	City/State NY, NY	Dates Attende	d (MM/YY) 32 - 05/85 JD	Degree Obtained
Other Training: Name	<u>City/State</u>	Dates Attende	d (MM/YY)	Degree/Co	ertification Obtained
Note: If affiant atter	nded a foreign school, ple				college/university. If

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company Nan	ne : R.V.I. America	Insurance Company	_ NAIC No. FEIN:	23132 36-2490086
6.	List of members	ships in professio	nal societies and assoc		
	Name of Society/Associa	tion orate Counsel La	<u>Contact Name</u> Toya Tapscott	Address of Society/Association  1001 G Street, NW, Suite 200W Washington, DC 20001, USA	Telephone Number of Society/Association 202 293-4103
7.	Present or propo	sed position with	the Applicant Compa	any:	
	VICE PRESIDENT	, DEPUTY GENER	AL COUNSEL, SECRET	ARY	
8.	including preser officerships). Planecessary to pr	nt jobs, positions ease list the most ovide telephone	, partnerships, owner of t recent first. Attach a numbers and superv	of an entity, administrator, additional pages if the space	pensated or otherwise (up to and manager, operator, directorates or provided is insufficient. It is only past ten (10) years. Additional ional employers.
Beginni Dates (	ng/Ending MM/YY):02/0	PRESENT	Employer's Name: R	.V.I. AMERICA INSURANCE C	OMPANY
Address	:: 201 BROAD ST	REET, 6TH FLOC	OR City: Stamford	State/Prov	ince: CT
Country	: USA	Postal Code: O	6905 Phone: 20	03975-2100 Offices/Positio	ns Held: MCE PRESIDENT, DEPUTY GENERAL COUNSEL,
Type of	Business: INSU	JRANCE	Supervis	sor/Contact: MICHAEL MC	CGROARTY / 203 975-2100
Beginni Dates (	ng/Ending MM/YY):07/04	4 _ 02/05	Employer's Name: La	aw Offices of Anthony Pye	
Address	307 Vose Av	venue	City: SOUTH OF	RANGE State/Prov	ince: NJ
Country	: USA	Postal Code: 0	7079 Phone: 97	73 313-0930 Offices/Position	ns Held: partner
Type of	Business: law		Supervis	sor/Contact: Anthony Pye	
Beginni Dates (l	ng/Ending MM/YY):10/99	9 07/04	Employer's Name: Fi	reman's Fund Insurance Compa	any
Address	: 201 Route 17	7 North	City:Rutherford	State/Provi	nce: NJ
Country	: USA	Postal Code: 0	7070 Phone: 201	507-3674 Offices/Position	ns Held: Counsel
Type of	Business: insu	rance	Supervis	sor/Contact:Al Constants	
Beginni Dates (	ng/Ending MM/YY):	=	Employer's Name:_		
Address	::		City:	State/Provi	nce:
Country	·:	_ Postal Code: _	Phone:	Offices/Position	ns Held:
Tune of	'Rucinecc'		Supervis	sor/Contact:	

Applica	nt Comp		NAIC No. FEIN:	23132 36-2490086
9.	a.	Have you ever been in a position which required a fidelity bon	d?	
		If any claims were made on the bond, give details:		
		<del>-</del>		
	b.	Have you ever been denied an individual or position schedurevoked?	le fidelity	bond, or had a bond canceled or
		Yes No V		
		If yes, give details:		
10.	or gover in the pa the licer number are reas represen	professional, occupational and vocational licenses (including lighternmental licensing agency or regulatory authority or licensing a last. For any non-insurance regulatory issuer, identify and providesing authority or regulatory body having jurisdiction over the last your Social Security Number (SSN) or embeds your SSN or onably identifiable as your SSN, then write SSN for that portionably your SSN. (For example, "SSN", "12-SSN-345" or "1 the space provided is insufficient.	outhority that e the name, icense (s) is any sequen- on of the pro-	at you presently hold or have held address and telephone number of ssued. If your professional license are of more than five numbers that rofessional license number that is
Organiz	ation/Issu	ner of License: New York Office of Court Administration Address: P.O. B	ox 2806 C	hurch St. Station
City: N	EW YO	RK State/Province: NEW YORK Country: USA		Postal Code: 10008
		TTORNEY License #: 2085223 Date Iss		
		N/A		
Non-Ins	urance R	egulatory Phone Number (if known): 212 428-2800		
Organiz	ation/Issu	ner of License: CONNECTICUT JUDICIAL BRANCH Address: 287 M.	AIN STR	EET, 2ND FLOOR
		TFORD State/Province: CT Country: USA		
License	Туре: <u>Н</u> С	DUSE COUNSEL License #: 9000089 Date Issu	ued (MM/Y	Y):
Date Ex	pired (M	M/YY):N/A Reason for Termination: N/A		
Non-Ins	urance R	egulatory Phone Number (if known): 860 568-5157		
11.		nding to the following, if the record has been sealed or expungerd was sealed or expunged, an affiant may respond "no" to the q		
	a.	Been refused an occupational, professional, or vocational licerary public administrative, or governmental licensing agency?	nse or perm	it by any regulatory authority, or
		Yes No 🗸		
	b.	Had any occupational, professional, or vocational license or p any judicial, administrative, regulatory, or disciplinary action?	ermit you h	old or have held, been subject to

nt Compa	any Name : R.V.I. America Insurance Company	NAIC No.	23132
		FEIN:	36-2490086
holds w	held by the person. Control shall be presumed to exist if ith the power to vote, or holds proxies representing, ten person.	rcent (10%) or n	nore of the voting securities of any
NONE			
If any of	f the stock is pledged or hypothecated in any way, give det	tails	
or of recregulato directly,	II] you or members of your immediate family individually cord, 10% or more of the outstanding shares of stock of any authority, or its affiliates? An "affiliate" of, or person ", or indirectly through one or more intermediaries, control e person specified.	f any entity subj 'affiliated" with,	ect to regulation by an insurance a specific person, is a person that
Yes	No 🗸		
	please identify the company or companies in which the curtanding voting securities.	mulative stock h	oldings represent 10% or more of
,	8		
If any of	f the shares of stock are pledged or hypothecated in any wa	ay, give details.	
Have yo	ou ever been adjudged a bankrupt?		
Yes —	No 🗾		
f yes, p	rovide details:		
,,1			
which y controlli the holdi	knowledge has any company or entity (including entity were an officer or director, trustee, investment coming stockholder, had any of the following events occur wing company level provide the group code. NO  Been refused a permit, license, or certificate of authoriticensing agency?  Yes No	nmittee member, while you served	key management employee or in such capacity? If employed at
	Had its permit, license, or certificate of authority suspend subjected to any judicial, administrative, regulatory, or liquidation, receivership, conservatorship, federal bankr or any other similar proceeding)?	r disciplinary a	ction (including rehabilitation,
	Yes No 🗸		
	Been placed on probation or had a fine levied against authority in any civil, criminal, administrative, regulatory		
	Yes No 🗸		

Applicant Company Name: R.V.I. America Insurance Company	NAIC No. 23132
	FEIN: 36-2490086
If the answer to any of the above is yes, please indicate and give deta affiant should also include any events within twelve (12) months after	
Note: If an affiant has any doubt about the accuracy of an answer, to and an explanation provided.	ne question should be answered in the positive
Dated and signed this day of 20   9 at at under penalty of perjury that I am acting on my own behalf and that the forego of my knowledge and belief.	ing statements are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional information (Signature of Affiant)	tion regarding international searches.
State of: Connecticut County of: Fairfield	
The foregoing instrument was acknowledged before me this 18 day of Nove	mber 2019 by Darrel M. Seife
and:	
who is personally known to me, or	
☐ who produced the following identification:	
[SEAL]	Notary Public Printed Notary Name
	My-Unimits in PER ITEO NOTARY PUBLIC MY COMMISSION EXPIRES JUNE 30, 2020

NAIC No.	23132	
FEIN:	36-2490086	

### 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 \_ [company name]("Company") for licensure or a permit to organize R.V.I. America Insurance Company ("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 MICHAEL MCGROARTY, CO-CEO [company's designated person, position, or department, address and phone]. Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law. I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) 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. 7 ALEX DRIVE, WHITE PLAINS, NEW YORK 10605 (Printed Full Name and Residence Address) (Signature) County of: The foregoing instrument was acknowledged before me this 18th day of November who is personally known to me, or who produced the following identification: [SEAL] Notary Public Printed Notary Name

> NOTARY PRODUCTO 4/08/19 MY COMMISSION EXPIRES JUNE SO PEODO 1