

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

Resolution Life GP Ltd.
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda
Telephone: +1 (441) 295-2244

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

1. Affiant's Full Name (Initials Not Accepted): First: Donald Middle: Bradfield Last: Adderley
2.
 - a. Are you a citizen of the United States? NO
 - b. Are you a citizen of any other country? YES
If yes, what country? Bermuda and England
3. Affiant's occupation or profession: Lawyer
4. Affiant's business address: Appleby (Bermuda) Limited, Canon's Court, 22 Victoria Street, P.O. Box HM 1179, Hamilton HM EX, Bermuda.

Business telephone: +1 441-295-2244

Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Wake Forest	Winston-Salem, NC	1990 - 1994	Bachelor of Arts in Economics

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
The College of Law	Guilford, UK	1994 - 1995	Diploma of Law
The College of Law	Guilford, UK	1995 - 1996	Legal Practice Course

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.

FEIN:

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Bermuda Bar Association	Justin Williams	2 nd Floor S.E. Pearman Building 9 Par-La-Ville Road Hamilton HM 11 Bermuda	+1 (441) 295-4540

7. Present or proposed position with the applicant entity: Director

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

HAVE HELD ONLY ONE JOB

Beginning/Ending

Dates (MM/YY): September 1996 to Present Employer's Name: Appleby (Bermuda) Limited

Address: Canon's Court, 22 Victoria Street, PO Box HM 1179 City: Hamilton State/Province: N/A

Country: Bermuda Postal Code: HM EX Phone: +1 (441) 295-2244 Offices/Positions Held: Partner

Type of Business: Law Firm Supervisor/Contact: N/A

9. a. Have you ever been in a position which required a fidelity bond? NO

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? NO

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Bermuda Bar Practicing Certificate

Organization/Issuer of License: Bermuda Bar Association Address: 2nd Floor, S.E. Pearman Building, 9 Par-La-Ville Road

City: Hamilton State/Province: N/A Country: Bermuda Postal Code: HM 11

License Type: N/A License #: N/A Date Issued (MM/YY): (See Practicing Certificate attached.)

Date Expired (MM/YY): _____ Reason for Termination: _____



The Bermuda Bar Association

The Bermuda Bar Act, 1974

Practising Certificate

2013

The Bermuda Bar Council hereby certifies that

**BRADFIELD ADDERLEY
Appleby (Bermuda) Limited**

of

*having as of the date hereof complied with the requirements of section
10 (3) of the Bermuda Bar Act, 1974 and paid the prescribed
fee, is entitled to practise as a barrister and attorney in Bermuda for
the period of the* First *day of* January, 2013
to the 31st of December, 2013

Dated this Fifth *day of* December 2012

President

Honorary Secretary

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

NO

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

NO

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

NO

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

NO

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

NO

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

NO

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

NO

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

If any of the stock is pledged or hypothecated in any way, give details.

N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

NO

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

NO

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

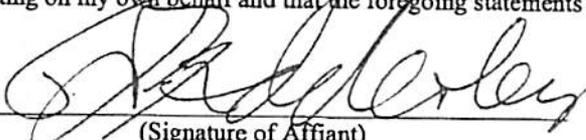
NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

NO

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 6th day of August 2013 at Hamilton, Bermuda. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

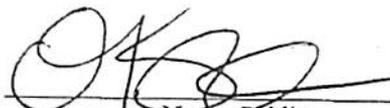

(Signature of Affiant)

State of: N/A Country of: BERMUDA

The foregoing instrument was acknowledged before me this 6th day of August, 2013 by BRAD ADDERLEY and:

- who is personally known to me, or
- who produced the following identification:




Notary Public

JANITA BURKE
Printed Notary Name

N/A
My Commission Expires



Janita K. Burke
Notary Public
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

Resolution Life GP Ltd.
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda
Telephone: +1 (441) 295-2244

1. Affiant's Full Name (Initials Not Acceptable): First: Donald Middle: Bradfield Last: Adderley
IF ANSWER IS "NONE," SO STATE.
2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

NO

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

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
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N/A _____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: N/A
4. Government Identification Number if not a U.S. Citizen: Bermuda Driver's License
5. Foreign Student ID# (if applicable): N/A
6. Date of Birth: (MM/DD/YY): _____ Place of Birth: _____
7. Name of Affiant's Spouse (if applicable): _____
8. List your residences for the last ten (10) years starting with your current address, giving:

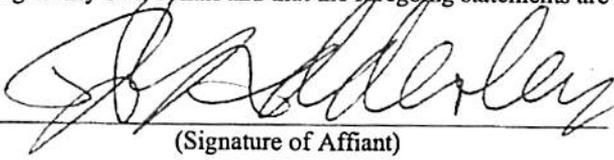
<u>Beginning/Ending</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>Parish</u>	<u>Country</u>	<u>Postal Code</u>
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Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 6th day of August, 2013 at Hamilton, Bermuda. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.


(Signature of Affiant)

State of: NIA County of: BERMUDA

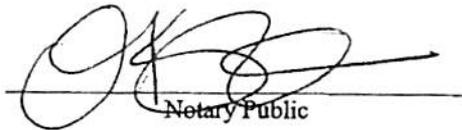
The foregoing instrument was acknowledged before me this 6th day of August, 2013 by BRAD ADDERLEY, and:

- who is personally known to me, or
- who produced the following identification:

[SEAL]



Janita K. Burke
 Notary Public
 Canon's Court
 22 Victoria Street
 Hamilton HM 12
 Bermuda


Notary Public

JANITA BURKE
Printed Notary Name

NIA
My Commission Expires



Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

RESOLUTION LIFE HOLDINGS, INC.

733 THIRD AVENUE, 16TH FLOOR, NEW YORK, NY 10017

(646) 790-5747

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

1. Affiant's Full Name (Initials Not Acceptable): First: CLIVE Middle: ADAM Last: COWDERY

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? UNITED KINGDOM

3. Affiant's occupation or profession: INSURANCE COMPANY DIRECTOR

4. Affiant's business address: THE RESOLUTION GROUP, 23 SAVILE ROW, LONDON, W1S 2ET, UK

Business telephone: +44(0)2033722900 Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>CLEVEDON</u>	<u>VALLEY ROAD, CLEVEDON</u>	<u>01/74 - 12/80</u>	<u>ORDINARY LEVEL CERTIFICATE</u>
<u>COMPREHENSIVE</u>	<u>NORTH SOMERSET, BS21 6AH</u>		
<u>SCHOOL</u>	<u>UNITED KINGDOM (+44(0)12758767744)</u>		

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A

FEIN: 35-2479036

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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NONE

7. Present or proposed position with the applicant entity: _____

NON-EXECUTIVE CHAIRMAN OF RESOLUTION LIFE HOLDINGS, INC.

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

Beginning/Ending

Dates (MM/YY): 10/08 - PRESENT Employer's Name: RESOLUTION OPERATIONS LLP

Address: 23 SAVILE ROW City: LONDON State/Province: N/A

Country: UNITED KINGDOM Postal Code: W1S 2ET Phone: +44(0)2033722900 Offices/Positions Held: PARTNER

Type of Business: ADVISORY SERVICES Supervisor/Contact: DEBORAH TAVANA

Beginning/Ending

Dates (MM/YY): 03/03 - 05/08 Employer's Name: RESOLUTION LIFE GROUP LIMITED/ RESOLUTION PLC
(ACQUIRED BY PHOENIX GROUP HOLDINGS)

Address: JUXON HOUSE, 100 ST PAUL'S CHURCHYARD City: LONDON State/Province: N/A

Country: UNITED KINGDOM Postal Code: EC4M 8BU Phone: +44(0)8450020344

Offices/Positions Held: CEO/CHAIRMAN Type of Business: INSURANCE Supervisor/Contact: CLIVE BANNISTER

Beginning/Ending

Dates (MM/YY): 07/98 - 03/03 Employer's Name: GE INSURANCE HOLDINGS (NOW GENWORTH)

Address: BUILDING 11, CHISWICK PARK, 566 CHISWICK HIGH ROAD City: LONDON State/Province: N/A

Country: UNITED KINGDOM Postal Code: W4 5XR Phone: +44(0)2083803000

Offices/Positions Held: CEO/CHAIRMAN Type of Business: INSURANCE / INSURANCE SERVICES

Supervisor/Contact: BOB BRANNOCK

Beginning/Ending

Dates (MM/YY): 11/92 - 07/98 Employer's Name: J.ROTHSCHILD INTERNATIONAL / SCOTTISH AMICABLE INTERNATIONAL (SINCE ACQUIRED BY PRUDENTIAL U.K.)

Address: LAURENCE POUNTNEY HILL City: LONDON State/Province: N/A

Country: UNITED KINGDOM Postal Code: EC4R 0HH Phone: _____ Offices/Positions Held: MANAGING DIRECTOR

Type of Business: LIFE ASSURANCE Supervisor/Contact: _____

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

9. a. Have you ever been in a position which required a fidelity bond?

Yes 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

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

NONE _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A _____

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

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

RESOLUTION OPERATIONS LLP

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

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.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A

FEIN: 35-2479036

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

ON JUNE 5, 2013, THE UK FINANCIAL CONDUCT AUTHORITY FINED SESAME LIMITED £6,031,200 FOR TWO FAILINGS: (1) FAILING TO ENSURE THAT INVESTMENT ADVICE GIVEN TO ITS CUSTOMERS WAS SUITABLE; (2) FAILINGS IN THE SYSTEMS AND CONTROLS THAT GOVERNED THE OVERSIGHT OF ITS APPOINTED REPRESENTATIVES. MR. COWDERY IS A NON-EXECUTIVE DIRECTOR OF SESAME LIMITED'S ULTIMATE PARENT COMPANY (RESOLUTION LIMITED)

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

Dated and signed this 9th day of August 20 13 at New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Clive Cowdery
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 9th day of Aug, 2013 by Clive Cowdery and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

ERIC JUERGENS
Notary Public, State of New York
No. 02JU8256944
Qualified in New York County
Commission Expires March 5, 2016

Eric Juergens
Notary Public
Eric Juergens
Printed Notary Name
March 5, 2016
My Commission Expires

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

CONFIDENTIAL

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

RESOLUTION LIFE HOLDINGS, INC.

733 THIRD AVENUE, 16TH FLOOR

(646) 790-5747

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

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>05/63 -06/77</u>	<u>BEST (LAST NAME)</u>	<u>MOTHER REMARRIED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: N/A

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

5. Foreign Student ID# (if applicable) : N/A

6. Date of Birth: (MM/DD/YY): _____ Place of Birth, City: _____
State/Province: _____ Country: _____

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

CONFIDENTIAL

7. Name of Affiant's Spouse (if applicable) :

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 9th day of August, 2013 at New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 9th day of Aug, 2013 by Clive Cowdery and:

who is personally known to me or

who produced the following identification: _____

[SEAL]

ERIC JUERGENS
Notary Public, State of New York
No. 02JU6256944
Qualified in New York County
Commission Expires March 5, 2016

[Signature]
Notary Public
Eric Juergens
Printed Notary Name
March 5, 2016
My Commission Expires

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

Resolution Life GP Ltd.
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda
Telephone: +1 (441) 295-2244

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

- 1. Affiant's Full Name (Initials Not Accepted): First: Alison Middle: Ruth Last: Dyer-Fagundo
- 2. a. Are you a citizen of the United States? NO
b. Are you a citizen of any other country? YES
If yes, what country? U.K.
- 3. Affiant's occupation or profession: Attorney
- 4. Affiant's business address: Appleby (Bermuda) Limited, Canon's Court, 22 Victoria Street, Hamilton HM 12, Bermuda

Business telephone: +1 441-298-3549 Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
Queen's University	Ontario, Canada	1994 - 1996	B.A. (POLS)	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	University of Kent	Kent, England	1996 - 1998	LLB (Hons)
<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
BPP	London, England	1998 - 1999	LPC	

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Bermuda Bar Association	Justin Williams	2 nd Floor S.E. Pearman Building 9 Par-La-Ville Road Hamilton HM 11 Bermuda	+1 (441) 295-4540

7. Present or proposed position with the applicant entity: Alternate Director

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

HAVE HELD ONLY ONE JOB

Beginning/Ending
Dates (MM/YY): 2000

Employer's Name: Appleby (Bermuda) Limited

Address: Canon's Court, 22 Victoria Street City: Hamilton State/Province: N/A

Country: Bermuda Postal Code: HM 12 Phone: +1 (441) 295-2244

Offices/Positions Held: Partner since 2009 (Associate 2000 – 2009)

Type of Business: Law Firm Supervisor/Contact: N/A

9. a. Have you ever been in a position which required a fidelity bond? NO

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? NO

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Bermuda Bar Practicing Certificate

Organization/Issuer of License: Bermuda Bar Association Address: 2nd Floor, S.E. Pearman Building, 9 Par-La-Ville Road City: Hamilton State/Province: N/A Country: Bermuda Postal Code: HM 11

License Type: N/A License #: N/A Date Issued (MM/YY):

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

NO

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

NO

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

NO

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

NO

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

NO

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

NO

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

NO

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.

FEIN:

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

N/A

If any of the stock is pledged or hypothecated in any way, give details.

N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

NO

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

NO

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

NO

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

NO

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

NO

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 7th day of August 2013 at Hamilton, Bermuda. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Alfonso
 (Signature of Affiant)

State of: N/A COUNTRY
 County of: BERMUDA

The foregoing instrument was acknowledged before me this 7th day of August, 2013 by ALISON DYER-FAGUNDO and:

- who is personally known to me, or
- who produced the following identification:

[SEAL]

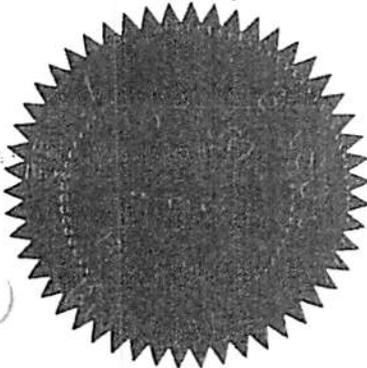
Erica E. Robinson-McLeod
 Notary Public
 Canon's Court
 22 Victoria Street
 P.O. Box HM 1179
 Hamilton HM EX
 Bermuda
 Date: 7 August 2013



Erica E. Robinson-McLeod
 Notary Public

Erica E. Robinson-McLeod
 Printed Notary Name

My Commission Expires does not expire



Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

Resolution Life GP Ltd.
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda
Telephone: +1 (441) 295-2244

- Affiant's Full Name (Initials Not Acceptable): First: Alison Middle: Ruth Last: Dyer-Fagundo
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

YES

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
1975 - 2002	Last Name - Dyer	Marriage

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: N/A
- Government Identification Number if not a U.S. Citizen: UK Passport
- Foreign Student ID# (if applicable): N/A
- Date of Birth: Place of Birth:
- Name of Affiant's Spouse (if applicable):
- List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>Parish</u>	<u>Country</u>	<u>Postal Code</u>
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Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 7th day of August, 2013 at Hamilton, Bermuda. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Alison Dyer-Fagundo
(Signature of Affiant)

State of: N/A COUNTRY
County of: BERMUDA

The foregoing instrument was acknowledged before me this 7th day of August, 2013 by ALISON DYER-FAGUNDO, and:

- who is personally known to me, or
- who produced the following identification:

[SEAL]

Erica E. Robinson-McLeod
 Notary Public
 Canon's Court
 22 Victoria Street
 P.O. Box HM 1179
 Hamilton HM EX
 Bermuda
 Date: 7th August 2013

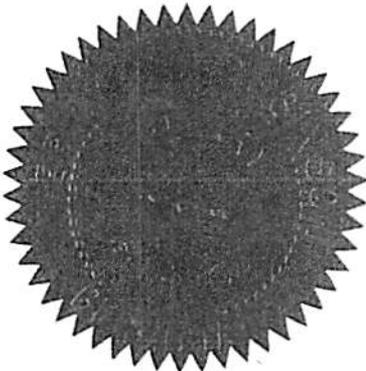


Erica E. Robinson-McLeod

Notary Public

Erica E Robinson-McLeod
Printed Notary Name

My Commission Expires does not expire



Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

Resolution Life GP Ltd.
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda
Telephone: +1 (441) 295-2244

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

1. Affiant's Full Name (Initials Not Acceptable): First: Jonathan Middle: Nicholas Bewick Last: Hack

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? United Kingdom

3. Affiant's occupation or profession: Investing Professional

4. Affiant's business address: 23 Savile Row, London, W1S 2ET, United Kingdom

Business telephone: +44(0)20 3372 2900

Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Bristol University	Bristol, United Kingdom	10/86-06/89	MSc

Address: Senate House, Tyndall Avenue, Bristol, B88 1TH, United Kingdom
Telephone: +44(0)1179289000

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
The Institute of Chartered Accountants in England & Wales (ICAEW)	N/A	Mooregate Place London, EC2R 6EA United Kingdom	+44(0)1908248250

7. Present or proposed position with the applicant entity: Director and President

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

Beginning/Ending

Dates (MM/YY): 04/13-Present Employer's Name: Resolution Capital Limited

Address: 23 Savile Row City: London State/Province: n/a

Country: United Kingdom Postal Code: W1S 2ET Phone: +44(0)2033722900 Offices/Positions Held: Managing Director

Type of Business: Investment Company Supervisor/Contact: Clive Cowdery

Beginning/Ending

Dates (MM/YY): 09/09-03/13 Employer's Name: Resolution Operations LLP; Resolution Financial Markets LLP

Address: 23 Savile Row City: London State/Province: London

Country: United Kingdom Postal Code: W1S 2ET Phone: +44(0)2033722900 Offices/Positions Held: Partner

Type of Business: Investment Company Supervisor/Contact: Clive Cowdery

Beginning/Ending

Dates (MM/YY): 06/94-09/09 Employer's Name: Lazard & Co Limited

Address: 50 Stratton Street City: London State/Province: n/a

Country: United Kingdom Postal Code: W1J 8LL Phone: +44(0)2071872000 Offices/Positions Held: Managing Director

Type of Business: Investment Bank Supervisor/Contact: William Rucker

Beginning/Ending

Dates (MM/YY): 06/2005-08/2008 Employer's Name: Panmure Gordon plc

Address: One New Change City: London State/Province: n/a

Country: United Kingdom Postal Code: EC4M 9AF Phone: +44(0)2078862500 Offices/Positions Held: Non-Executive Director

Type of Business: Stockbroker Supervisor/Contact: Human Resources Department

Beginning/Ending

Dates (MM/YY): 08/89-06/94 Employer's Name: Price Waterhouse

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

Address: Southwark Towers, 32 London Bridge Street City: London State/Province: n/a

Country: United Kingdom Postal Code: SE1 9SY Phone: +44(0)2075835000 Offices/Positions Held: Audit Professional

Type of Business: Audit and Accounting Supervisor/Contact: Human Resources Department

9. a. Have you ever been in a position which required a fidelity bond?

Yes 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

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License:

Address:

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License:

Address:

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
Yes No
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. _____

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

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 of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 09 day of August 2013 at London, United Kingdom. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



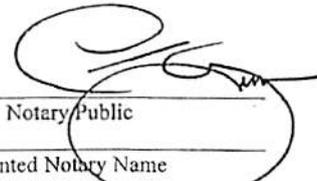
(Signature of Affiant)

State of: N/A Country of: United Kingdom

The foregoing instrument was acknowledged before me this 09 day of August, 2013 by Jonathan Nicholas Bewick Hack, and:

- who is personally known to me, or
- who produced the following identification: UK passport, n.o.

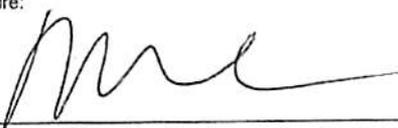




Notary/Public

Printed Notary Name

My Commission Expires
Notary Public London, England (Christopher G. Higgins)
My Commission expires at Death


APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. Country: Pays/Pais	United Kingdom of Great Britain and Northern Ireland
This public document Le présent acte public / El presente documento público	
2. Has been signed by a été signé par ha sido firmado por	Christopher Gerard Higgins
3. Acting in the capacity of agissant en qualité de quien actúa en calidad de	Notary Public
4. Bears the seal/stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	The Said Notary Public
Certified Attesté / Certificado	
5. at à / en	London
6. the le / el día	09 August 2013
7. by par / por	Her Majesty's Principal Secretary of State for Foreign and Commonwealth Affairs
8. Number sous no / bajo el número	J745208
9. Seal / stamp: Sceau / timbre: Sello / timbre:	
10. Signature: J. Casey Signature: Firma:	

This Apostille is not to be used in the UK and only confirms the authenticity of the signature, seal or stamp on the attached UK public document. It does not confirm the authenticity of the underlying document. Apostilles attached to documents that have been photocopied and certified in the UK confirm the signature of the UK public official who conducted the certification only. It does not authenticate either the signature on the original document or the contents of the original document in any way.

If this document is to be used in a country which is not party to the Hague Convention of 5th October 1961, it should be presented to the consular section of the mission representing that country.

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Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

CONFIDENTIAL

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

Resolution Life GP Ltd.
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda
Telephone: +1 (441) 295-2244

1. Affiant's Full Name (Initials Not Acceptable): First: Jonathan Middle: Nicholas Bewick Last: Hack

IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (if none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: N/A

4. Government Identification Number if not a U.S. Citizen: (UK Passport Number)

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY): Place of Birth, City:

State/Province: Country:

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

CONFIDENTIAL

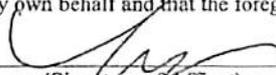
7. Name of Affiant's Spouse (if applicable):

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 09 day of August, 2013 at London, United Kingdom. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



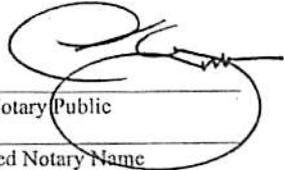
(Signature of Affiant)

State of: N/A Country of: **United Kingdom**

The foregoing instrument was acknowledged before me this 09 day of August, 2013 by **Jonathan Nicholas Bewick Hack**, and:

- who is personally known to me, or
- who produced the following identification: UK passport, no.





Notary Public

Printed Notary Name

My Commission Expires
Notary Public London, England (Christopher G. Higgins)
My Commission expires at Death

SAVILLE & CO.
Notaries
One Carey Lane
London EC2V 8AE
Tel: +44 (0)20 7920 0000

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

Resolution Life GP Ltd.
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda
Telephone: +1 (441) 295-2244

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

1. Affiant's Full Name (Initials Not Acceptable): First: Kate Middle: Margaret Last: Varley

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? United Kingdom; Australia

3. Affiant's occupation or profession: Lawyer

4. Affiant's business address: 23 Savile Row, London, W1S 2ET, United Kingdom

Business telephone: +44(0)2033722900

Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Western Australia	Perth, Western Australia	01/99-12/04	LLB, BEc (Hons)

Address: 35 Stirling Highway, Crawley, Western Australia, 6009, Australia
Telephone: +61(0)864886000

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
The Law Society of England & Wales	N/A	113 Chancery Lane London, WC2A 1PL United Kingdom	+44(0)2072421222

7. Present or proposed position with the applicant entity: Director and Vice President

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

Beginning/Ending

Dates (MM/YY): 06/13-Present Employer's Name: Resolution Capital Limited

Address: 23 Savile Row City: London State/Province: n/a

Country: United Kingdom Postal Code: W1S 2ET Phone: +44(0)2033722900 Offices/Positions Held: Head of Legal

Type of Business: Advisory Company Supervisor/Contact: Clive Cowdery

Beginning/Ending

Dates (MM/YY): 04/11-03/13 Employer's Name: Resolution Operations LLP

Address: 23 Savile Row City: London State/Province: n/a

Country: United Kingdom Postal Code: W1S 2ET Phone: +44(0)2033722900 Offices/Positions Held: Head of Legal

Type of Business: Advisory Company Supervisor/Contact: Clive Cowdery

Beginning/Ending

Dates (MM/YY): 02/09-03/11 Employer's Name: Slaughter and May

Address: One Bunhill Row City: London State/Province: n/a

Country: United Kingdom Postal Code: EC1Y 8YY Phone: +44(0)2076001200 Offices/Positions Held: Associate

Type of Business: Law Firm Supervisor/Contact: Human Resources Department

Beginning/Ending

Dates (MM/YY): 03/05-11/08 Employer's Name: Clayton Utz

Address: Level 27, QV1 Building, 250 St George's Terrace City: Perth State/Province: Western Australia

Country: Australia Postal Code: 6000 Phone: +61(0)894268000 Offices/Positions Held: Solicitor

Type of Business: Law Firm Supervisor/Contact: Human Resources Department

Beginning/Ending

Dates (MM/YY): 01/03-12/04 Employer's Name: Department of Economics, University of Western Australia

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

Address: 35 Stirling Highway **City:** Perth **State/Province:** Western Australia

Country: Australia **Postal Code:** 6009 **Phone:** +61(0)864886000 **Offices/Positions Held:** Economics Tutor

Type of Business: University **Supervisor/Contact:** Human Resources Department

9. a. Have you ever been in a position which required a fidelity bond?

Yes 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

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Solicitors Regulation Authority **Address:** 2nd Floor, 24 Martin Lane

City: London **State/Province:** n/a **Country:** United Kingdom **Postal Code:** EC4R 0DR

License Type: Solicitor **License #:** 544787 **Date Issued (MM/YY):** 03/12

Date Expired (MM/YY): n/a **Reason for Termination:** n/a

Non-Insurance Regulatory Phone Number (if known): +44(0)1213296800

Organization/Issuer of License: Legal Practice Board of Western Australia **Address:** 5th Floor, Kings Building, 533 Hay Street

City: Perth **State/Province:** Western Australia **Country:** Australia **Postal Code:** 6000

License Type: Solicitor **License #:** 1302769 **Date Issued (MM/YY):** 03/06

Date Expired (MM/YY): 06/13 **Reason for Termination:** Converted to UK license

Non-Insurance Regulatory Phone Number (if known): +61(0)862113600

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
Yes No
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. _____

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

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 of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 09 day of August, 2013 at London, United Kingdom. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

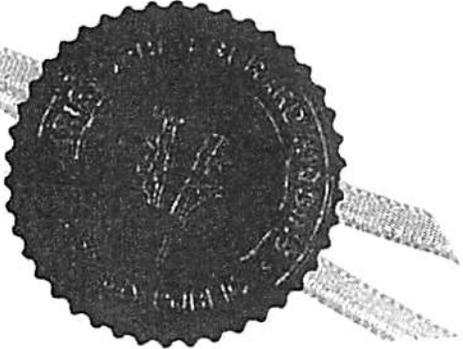


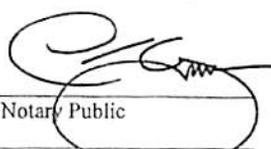
(Signature of Affiant)

State of: N/A Country of: United Kingdom

The foregoing instrument was acknowledged before me this 09 day of August, 2013 by Kate Margaret Varley, and:

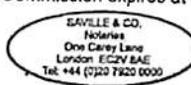
- who is personally known to me, or
- who produced the following identification: UK passport, no.





Notary Public

Printed Notary Name

My Commission Expires
Notary Public London, England (Christopher G. Higgins)
My Commission expires at Death


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APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. Country: Pays/Pais	United Kingdom of Great Britain and Northern Ireland
This public document Le présent acte public / El presente documento público	
2. Has been signed by a été signé par ha sido firmado por	Christopher Gerard Higgins
3. Acting in the capacity of agissant en qualité de quien actúa en calidad de	Notary Public
4. Bears the seal/stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	The Said Notary Public
Certified Attesté / Certificado	
5. at à / en	London
6. the le / el día	09 August 2013
7. by par / por	Her Majesty's Principal Secretary of State for Foreign and Commonwealth Affairs
8. Number sous no / bajo el número	J745209
9. Seal / stamp: Sceau / timbre: Sello / timbre:	10. Signature: J. Casey Signature: Firma:



[Handwritten signature of J. Casey]

This Apostille is not to be used in the UK and only confirms the authenticity of the signature, seal or stamp on the attached UK public document. It does not confirm the authenticity of the underlying document. Apostilles attached to documents that have been photocopied and certified in the UK confirm the signature of the UK public official who conducted the certification only. It does not authenticate either the signature on the original document or the contents of the original document in any way.

If this document is to be used in a country which is not party to the Hague Convention of 5th October 1961, it should be presented to the consular section of the mission representing that country.

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

CONFIDENTIAL

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

Resolution Life GP Ltd.
Canon's Court
22 Victoria Street
Hamilton HM 12
Bermuda
Telephone: +1 (441) 295-2244

1. Affiant's Full Name (Initials Not Acceptable): First: Kate Middle: Margaret Last: Varley

IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: N/A

4. Government Identification Number if not a U.S. Citizen. **UK Passport Number)**

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY): Place of Birth, City

State/Province: Country:

Applicant Name (Company): Resolution Life GP Ltd.

NAIC No.
FEIN:

CONFIDENTIAL

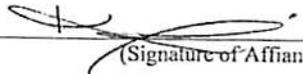
7. Name of Affiant's Spouse (if applicable) :

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 09 day of August, 2013 at London, United Kingdom. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



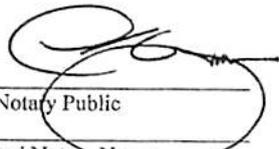
(Signature of Affiant)

State of: N/A Country of: United Kingdom

The foregoing instrument was acknowledged before me this 09 day of August, 2013 by Kate Margaret Varley, and:

- who is personally known to me, or
- who produced the following identification: UK passport, no.



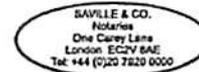


Notary Public

Printed Notary Name

My Commission Expires

Notary Public London, England (Christopher G. Higgins)
My Commission expires at Death



Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

RESOLUTION LIFE HOLDINGS, INC.

733 THIRD AVENUE, 16TH FLOOR, NEW YORK, NY 10017

(646) 790-5747

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

1. Affiant's Full Name (Initials Not Acceptable): First: Wilson Middle: Weldon Last: Wilson

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Ireland

3. Affiant's occupation or profession: Consultant

4. Affiant's business address: 992 Danbury Road, P.O. Box 844, Georgetown CT 06829

Business telephone: 203-664-1549 Business Email:

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Alabama in Huntsville</u>	<u>Huntsville, AL</u>	<u>06/79 until 05/83</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Vanderbilt University School of Law</u>	<u>Nashville, TN</u>	<u>09/83 until 05/86</u>	<u></u>	<u>JD</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u></u>	<u></u>	<u></u>	<u></u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

NONE

7. Present or proposed position with the applicant entity:

Director, President and Secretary of Resolution Life Holdings, Inc. and Resolution Life, Inc.

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

Beginning/Ending

Dates (MM/YY): 01/10 - present Employer's Name: Self employed – Wilson Roberts Consulting, Inc.

Address: 992 Danbury Road, PO Box 844 City: Georgetown State/Province: CT

Country: USA Postal Code: 06829 Phone: 203-664-1549 Offices/Positions Held: Member

Type of Business: Consulting Supervisor/Contact: Self

Beginning/Ending

Dates (MM/YY): 07/91 - 12/09 Employer's Name: Swiss Re Life & Health America Inc.

Address: 175 King Street City: Armonk State/Province: New York

Country: USA Postal Code: 10504 Phone: 914-828-8000 Offices/Positions Held: CEO, Pres. and Director

Type of Business: Life Reinsurance Supervisor/Contact: Michel Lies +41 43 285 3416

PLEASE SEE ATTACHMENT A FOR A LIST OF VARIOUS OFFICER AND DIRECTOR POSITIONS HELD IN SWISS RE CONTROLLED ENTITIES AND COMPANIES ACQUIRED BY SWISS RE.

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

9. a. Have you ever been in a position which required a fidelity bond?

Yes 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

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

NONE

Organization/Issuer of License: State Bar of Texas Address: 1414 Colorado Street

City: Austin State/Province: Texas Country: USA Postal Code: 78701

License Type: Attorney License #: 21735100 Date Issued (MM/YY): 11/86

Date Expired (MM/YY): Still current Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 800-204-2222

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

- 12. 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

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A

FEIN: 35-2479036

person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. _____

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

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 of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. NA
FEIN: 35-2479036

Dated and signed this 4th day of August 2013 at New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 9th day of August, 2013 by N. Weldon Wilson and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Lucille Federico
Notary Public
Lucille Federico
Printed Notary Name
April 30, 2015
My Commission Expires

LUCILLE FEDERICO
NOTARY PUBLIC, State of New York
No. 01FE4618937
Qualified In Queens County
Certificate Filed In New York County
Commission Expires April 30, 2015
2015

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

CONFIDENTIAL

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

RESOLUTION LIFE HOLDINGS, INC.

733 THIRD AVENUE, 16TH FLOOR

(646) 790-5747

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

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____

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

5. Foreign Student ID# (if applicable): _____

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: _____

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. n/a
FEIN: 35-2479036

CONFIDENTIAL

7. Name of Affiant's Spouse (if applicable): _____

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 9th day of August, 2013 at New York.
I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 9th day of August, 2013 by W. Weldon Wilson and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Lucille Federico
Notary Public
Lucille Federico
Printed Notary Name
April 30 2015
My Commission Expires

LUCILLE FEDERICO
NOTARY PUBLIC, State of New York
No. 01FE4618937
Qualified in Queens County
Certificate Filed in New York County
Commission Expires April 30, 2015

2015

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A

FEIN: 35-2479036

Attachment A
Wilson Weldon Wilson

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>CURRENT TITLE</u>
12/19/07-12/31/09	Swiss Re Life & Health America Inc. 175 King Street, Armonk, NY 10504	Chairman & Director
11/29/07-12/31/09	Swiss Re Life & Health America Holding 175 King Street, Armonk, NY 10504	CEO & Director
6/01/07-12/31/09	Swiss Re America Holding Corporation 175 King Street, Armonk, NY 10504	Director
1/1/07 – 12/31/09	Reassure America Life Insurance Company fka Valley Forge Life Insurance Company 1700 Magnavox Way, Fort Wayne, IN 46804	Chairman, CEO, President & Director
1/1/07 – 12/19/07	Swiss Re Life & Health America Inc. 175 King Street, Armonk, NY 10504	Chairman, CEO & Director
1/1/07 – 11/29/07	Swiss Re Life & Health America Holding Company 175 King Street, Armonk, NY 10504	CEO, President & Director
1/1/07 - 12/31/09	REALIC of Jacksonville Plans, Inc. 175 King Street, Armonk, NY 10504	Chairman, CEO, President & Director
1/1/07 – 12/31/09	Mission Plans of America, Inc. 175 King Street, Armonk, NY 10504	Chairman, CEO, President & Director
1/1/07 – 12/31/09	Pacific Life and Accident Insurance Company 175 King Street, Armonk, NY 10504	Chairman, CEO, President & Director
1/1/07 – 12/31/09	LSL Financial Corporation 12770 Merit Drive, Dallas, TX	Chairman, CEO, President & Director
1/1/07 – 12/31/09	Southwestern Life Holdings, Inc. 175 King Street, Armonk, NY 10504	Chairman, CEO, President & Director
1/1/07 – 9/30/07	Reassure America Life Insurance Company 175 King Street, Armonk, NY 10504	Chairman, CEO, President & Director
04/05 – 12/31/06	LSL Financial Corporation 16980 Dallas Parkway, Dallas, TX	CEO, President & Director
3/24/05-12/31/09	Swiss Re Life & Health Canada 150 King Street West, Toronto, Canada	CEO & Director
2/1/05 – 12/31/06	REALIC of Jacksonville Plans, Inc. 175 King Street, Armonk, NY 10504	CEO, President & Director
2/1/05 – 12/31/06	Mission Plans of America, Inc. 175 King Street, Armonk, NY 10504	CEO, President & Director
2/1/05 – 12/31/06	Pacific Life and Accident Insurance Company 175 King Street, Armonk, NY 10504	CEO, President & Director
2/1/05 – 12/31/06	Reassure America Life Insurance Company 175 King Street, Armonk, NY 10504	CEO, President & Director
2/1/05 – 12/28/06	Southwestern Life Insurance Company 175 King Street, Armonk, NY 10504	CEO, President & Director

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A

FEIN: 35-2479036

2/1/05 – 9/28/06	Fort Wayne Health & Casualty Insurance Company 1700 Magnavox Way, Fort Wayne, IN 46804	CEO, President & Director
2/1/05 – 09/20/06	Swiss Re Life & Health America Inc. 175 King Street, Armonk, NY 10504	CEO, President & Director
2/1/05 – 12/31/06	Valley Forge Life Insurance Company 1700 Magnavox Way Fort Wayne, IN 46804	CEO, President & Director
2/1/05–12/31/06	Southwestern Life Holdings, Inc. 175 King Street, Armonk, NY	CEO, President & Director
4/30/04 – 2/1/05	Valley Forge Life Insurance Company 1700 Magnavox Way, Fort Wayne, IN 46804	CEO & Director
4/30/04 – 09/30/06	Sage Life Assurance of America, Inc. 175 King Street, Armonk, NY	CEO, President & Director
04/04 – 04/05	LSL Financial Corporation 16980 Dallas Parkway, Dallas, TX	CEO & Director
04/04 – 02/05	Southwestern Life Holdings, Inc. 175 King Street, Armonk, NY 10504	CEO & Director
3/1/04 – 12/31/04	Mission Life Insurance Company of America 1021 Main Street, Suite 1150 Houston, TX 77002	CEO & Director
9/4/03 – 12/31/09	Atlantic International Reinsurance Company, Ltd. Carlton Court, High Street Bridgetown, Barbados	CEO & Director
9/4/03 – 1/04	Guarantee Reserve Life Insurance Company 530 River Oaks West, Calumet City, IL	CEO & Director
9/4/03 – 2/1/05	Fort Wayne Health & Casualty Insurance Company Fort Wayne Intermediaries, Inc. Fort Wayne Risk Management, Inc. Linsco Reinsurance Company 1700 Magnavox Way, Fort Wayne, IN	CEO & Director
9/4/03 – 2/1/05	REALIC of Jacksonville Plans, Inc. 2121 Sage Road, Houston, TX	CEO & Director
9/4/03 – 2/1/05	Reassure America Life Insurance Company 1275 Sandusky Road, Jacksonville, IL	CEO & Director
9/4/03 – 2/1/05	Southwestern Life Insurance Company Pacific Life and Accident Insurance Company 969 High Ridge Road, Stamford, CT	CEO & Director
9/4/03 – 2/1/2005	Swiss Re Life & Health America Inc. 175 King Street, Armonk, NY 10504	CEO & Director
9/4/03 – 12/31/09	Allied Life Brokerage 969 High Ridge Road, Stamford, CT 06905	CEO & Director

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A

FEIN: 35-2479036

9/4/03 – 12/31/07	Swiss Re Management Corporation 175 King Street, Armonk, NY	CEO
9/4/03 – 12/31/06	Swiss Re Life & Health America Holding Company 175 King Street, Armonk, NY 10504	President & Director
9/4/03 – 6/01/07	Swiss Re America Holding Corporation 175 King Street, Armonk, NY 10504	VP & Director
9/4/03 – 12/31/09	Swiss Reinsurance America Corporation 175 King Street, Armonk, NY 10504	Director
9/4/03 – 12/31/09	Swiss Re Financial Services Corporation 55 E. 52 nd Street, NY, NY 10055	Director
6/03 – 9/3/03	Guarantee Reserve Life Insurance Company 530 River Oaks West, Calumet City, IL	VP & Director
5/03 – 9/3/03	REALIC of Jacksonville Plans, Inc. (formerly known as Assure America, Inc.) 2121 Sage Road, Houston, TX	VP & Director
5/03 - 04/04	LSL Financial Corporation 16980 Dallas Parkway, Dallas, TX	VP & Director
4/03 – 04/04	Southwestern Life Holdings, Inc. 969 High Ridge Road, Stamford, CT	Vice President & Director
3/03 – 9/3/03	Swiss Re Life & Health America Inc. 175 King Street, Armonk, NY	EVP & Director
3/03 – 9/3/03	Reassure America Life Ins. Company 1275 Sandusky Road, Jacksonville, IL	VP & Director
3/03 – 9/3/03	Fort Wayne Health & Casualty Insurance Company Fort Wayne Risk Management, Inc. 1700 Magnavox Way, Fort Wayne, IN	EVP & Director
3/03 – 9/3/03	Fort Wayne Intermediaries, Inc. Linsco Reinsurance Company 1700 Magnavox Way, Fort Wayne, IN	VP & Director
3/03 – 9/3/03	Southwestern Life Insurance Company Pacific Life and Accident Insurance Company 969 High Ridge Road, Stamford, CT	VP & Director
3/03 – 4/03	Southwestern Life Holdings, Inc. 969 High Ridge Road, Stamford, CT	VP, General Counsel & Director
3/03 – 9/3/03	Allied Life Brokerage Agency Inc. 969 High Ridge Road, Stamford, CT	VP & Director
8/02 – 9/3/03	Atlantic International Reinsurance Company, Ltd. Carleton Court, High Street Bridgetown, Barbados	VP, General Counsel & Director

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A

FEIN: 35-2479036

12/01 – 3/03	Fort Wayne Health & Casualty Insurance Company Fort Wayne Risk Management Services, Inc. 1700 Magnavox Way, Fort Wayne, IN	EVP, General Counsel & Director
12/01 – 1/03	Lincoln National Reassurance Company 1700 Magnavox Way, Fort Wayne, IN	EVP, General Counsel & Director
12/01 – 3/03	Fort Wayne Intermediaries, Inc. Linsco Reinsurance Company 1700 Magnavox Way, Fort Wayne, IN	VP, General Counsel & Director
6/01 – 3/03	Southwestern Life Insurance Company Pacific Life and Accident Insurance Company 969 High Ridge Road, Stamford, CT	VP, General Counsel & Director
06/01 – 03/03	Southwestern Life Holdings, Inc. 969 High Ridge Road, Stamford, CT	Vice President, Secretary & Director
6/01 – 05/03	LSL Financial Corporation 16980 Dallas Parkway, Dallas, TX	VP, General Counsel & Director
6/01 – 12/31/09	Nex2 Inc. c/o Kenneth F. Antley Miller & Martin, PLLC 1700 Peachtree Street, N.E., Suite 800 Atlanta, GA 30309-7649	Director
6/22/01 – 1/02	The Midland Life Insurance Company 250 E. Broad Street, Columbus, OH	VP, General Counsel & Director
10/6/00 – 9/3/03	Swiss Re America Holding Corp. 175 King Street, Armonk, NY	AVP & General Counsel
9/27/00 – 3/03	Reassure America Life Ins. Company 1275 Sandusky Road, Jacksonville, IL	VP, General Counsel & Director
7/27/00 – 6/21/01	The Midland Life Insurance Company 250 E. Broad Street, Columbus, OH	VP, General Counsel, Secretary, & Director
7/27/00–12/29/00	National Capital Financial Corporation 250 E. Broad Street, Columbus, OH	VP, General Counsel, Secretary & Director
6/01/00 – 3/03	Swiss Re Life & Health America Inc. (formerly known as Life Reassurance Corporation of America) 969 High Ridge Road, Stamford, CT	EVP, General Counsel & Director
3/23/00 – 9/30/00	Swiss Re Life & Health America Inc. (merged into Life Reassurance Corp. of America) 969 High Ridge Road, Stamford, CT	EVP & General Counsel
3/21/00 – 3/24/05	Swiss Re Life & Health Canada 161 Bay Street, Toronto, Ontario	EVP & General Counsel
9/30/99 – 1/01/00	Allied Life Insurance Company c/o 969 High Ridge Road, Stamford, CT	VP, General Counsel, Secretary & Director
10/01/01 – 3/03	Allied Life Brokerage Agency Inc.	VP, General Counsel & Director

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

	969 High Ridge Road, Stamford, CT	
9/30/99 – 10/1/01	Allied Life Brokerage Agency, Inc. 969 High Ridge Road, Stamford, CT	VP, General Counsel, Secretary & Director
9/30/99 – 8/03/00	Allied Financial Services Corp. 969 High Ridge Road, Stamford, CT	VP, General Counsel, Secretary & Director
8/19/99 – 12/31/99	Pima Capital Co. c/o 969 High Ridge Road, Stamford, CT	VP, General Counsel, Secretary & Director
7/30/99 – 9/27/00	Reassure America Life Ins. Company (former Royal Maccabees Life Ins. Co.) 1275 Sandusky Road, Jacksonville, IL	VP, General Counsel, Secretary & Director
7/30/99 – 1/1/00	Royal Life Insurance Company of NY 18 Corporate Blvd., Albany, NY	VP, General Counsel, Secretary & Director
7/1/99 – 12/31/09	Life Re International, Ltd. c/o Marsh & McLennan Management Services (Bermuda) Limited P.O. Box HM 1262 Hamilton, HM FX, Bermuda	EVP & Director
3/99 – 3/00	Swiss Re Life & Health Canada 161 Bay Street, Toronto, Ontario	EVP & Secretary
10/01/00 – 1/03	Swiss-Am Reassurance Company 161 Bay Street, Toronto, Ontario	VP & General Counsel
4/99 – 10/01/00	Swiss-Am Reassurance Company 161 Bay Street, Toronto, Ontario	VP, General Counsel & Secretary
3/99 – 3/03	LSL Financial Corporation 16980 Dallas Parkway, Dallas, TX	VP, General Counsel & Director
3/99 – 12/99	Bluebonnet Corporation 16980 Dallas Parkway, Dallas, TX	VP, General Counsel, Secretary & Director
3/99 – 7/1/99	Lone Star Life Insurance Company Hibiscus Life Insurance Company 16980 Dallas Parkway, Dallas, TX	VP, General Counsel, Secretary & Director
2/99 – 1/03	Swiss-Am Reassurance Company 161 Bay Street, Toronto, Ontario	Director
12/1/98 – 3/23/00	Swiss Re Life & Health America Inc. 969 High Ridge Road, Stamford, CT	E.V.P., General Counsel & Secretary
6/30/98 – 5/30/00	Capitol Bankers Life Insurance Company 969 High Ridge Road, Stamford, CT	VP, General Counsel & Secretary
3/18/99 – 2/17/00	Life Re Corporation 969 High Ridge Road, Stamford, CT	VP & Secretary
5/02 – 5/03	REALIC of Jacksonville Plans, Inc. (formerly known as Assure America, Inc.) 7324 Southwest Freeway, Houston, TX	VP, General Counsel & Director
6/01 – 5/02	REALIC of Jacksonville Plans, Inc. (formerly known as Assure America, Inc.) 7324 Southwest Freeway, Houston, TX	VP & Director

Applicant Name (Company): Resolution Life Holdings, Inc.

NAIC No. N/A
FEIN: 35-2479036

7/98- 6/01	REALIC of Jacksonville Plans, Inc. (formerly known as Assure America, Inc.) 7324 Southwest Freeway, Houston, TX	VP, Secretary & Director
6/30/98-9/30/98	Atlas Life Insurance Company c/o 969 High Ridge Road, Stamford, CT	VP, General Counsel & Secretary
5/98 – 3/18/99	Life Re Corporation 969 High Ridge Road, Stamford, CT	EVP, General Counsel & Secretary
3/98 – 9/29/99	Mission Life Insurance Company 7324 Southwest Freeway, Houston, TX	VP, General Counsel, Secretary & Director
11/14/97 – 9/30/00	American Merchants Life Insurance Co. 1275 Sandusky Road, Jacksonville, IL	VP, General Counsel, Secretary & Director
10/16/97 – 6/02/00	AML Acquisition Company Independent Square 1 Independent Drive, Suite 2201 Jacksonville, FL	VP, General Counsel & Secretary
6/30/96 – 12/31/96	Modern American Life Ins. Company 300 E. State Street, Jacksonville, IL	VP, General Counsel & Secretary
8/01/95 – 9/30/99	Reassure America Life Ins. Company (merged into former Royal Maccabees Life Ins. Company)	VP, General Counsel, Secretary & Director
11/93 – 1/08/01	TexasRe Life Insurance Company 969 High Ridge Road, Stamford, CT	VP, General Counsel, Secretary & Director
5/92 – 5/98	Life Re Corporation 969 High Ridge Road, Stamford, CT	VP, General Counsel, & Secretary
7/91 – 6/01/00	Life Reassurance Corporation of America 969 High Ridge Road, Stamford, CT	EVP, General Counsel, Secretary & Director