

**CAPTIVE AFFIDAVIT**

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, a notary public (or equivalent) in and for the state of Texas, on this day personally appeared, \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same, who being by me duly sworn, deposed as follows:

“My name is \_\_\_\_\_, I am of sound mind, capable of making this statement, and personally acquainted with the facts herein stated, which are true and correct.

I hold the position of President and sole shareholder of \_\_\_\_\_ (the “Company”) which is a non-admitted captive insurance company as defined in Section 101.053(b)(6) of the Texas Insurance Code that insures solely directors’ and officers’ liability insurance for the directors and officers of the Company’s parent and affiliated companies and/or the risks of the Company’s parent and affiliated companies.

I am also the authorized representative of \_\_\_\_\_. The Company has issued a liability policy only to \_\_\_\_\_ (the “Policyholder”).

The policyholder named above qualifies as (1) the “parent” of the above insurance company and possesses the sole power to direct the management and policies of the above insurance company, (2) a “subsidiary” of a parent, where the parent has the sole power to direct the management and policies of the above insurance company and also has the power to direct (or cause the direction of) the management and policies of the above policyholders, (3) an affiliate of the above insurance company and the policyholder’s equity is owned or controlled by the same limited group of person(s) who own or control the equity of the insurance company. (For purposes of this affidavit, “affiliate”, “control” and “ultimate controlling person” shall be as defined in Texas Insurance Code § 823.002 and 823.003 and “limited group” means ten or fewer individuals.)

I am a custodian of the records of the Company. Attached hereto are pages of records of the Company. The records attached hereto are the original or exact duplicates of the original.

Attached hereto are copies of documents demonstrating the ownership of the above insurance company, any parent company, and any affiliated policyholders and demonstrating any such affiliation.

Attached hereto are copies of the certificate of authority or other authorization from the domiciliary jurisdiction of the above insurance company.

Attached hereto is a certified statement from the relevant domiciliary authority dated within the last six months to the effect that the license of the above insurance company is currently valid and not subject to any extraordinary regulatory restrictions.

Attached hereto are copies of the articles of incorporation or similar document for the above insurance company.”

\_\_\_\_\_  
Signature of Affiant (Insurance Company)

\_\_\_\_\_  
Printed Name of Affiant

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_