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**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).

Donegal Mutual Insurance Company, 1195 River Road, P.O. Box 302, Marietta, PA 17547-0302, (717) 426-1931

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. a. Affiant's Full Name (Initials Not Acceptable). Scott Andrew Berlucchi  
b. Maiden Name (if applicable). N/A
2. a. Have you ever had your name changed? No  
b. Other names used at any time (including aliases). N/A
3. a. Are you a citizen of the United States? Yes  
b. Are you a citizen of any other country, if so, what country? N/A
4. Affiant's Occupation or Profession. Healthcare Executive
5. Affiant's business address. Elk Regional Health System, 763 Johnsonburg Road, St. Marys, PA 15857  
Business telephone. (814) 788-8550
6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Stonehill College	N. Easton, MA	09/75 – 07/79	BS

Graduate Studies:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
The George Washington University	Washington, DC	09/79 – 05/81	MA

<u>Other Training: Name</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Nursing Home Administrator	12/90	NHA

7. 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>
ACHE		1 N Franklin, Ste 1700 Chicago IL 60606-3424	312-424-2800
HAP		4750 Lindle Rd Harrisburg PA 17105-8600	717-564-9200

Applicant Name Donegal Mutual Insurance Co.

NAIC No. 13692  
FEIN: 23-1336198

8. Present or proposed position with the applicant entity. Director
9. 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) 08/04 – Present

Employers' Name: Elk Regional Health System

Address 763 Johnsonburg Rd City St. Marys State/Province PA Country USA Postal Code 15857

Phone (814) 788-8550 Offices/Positions Held President/CEO

Supervisor / Contact Ed Crowe, Chairman of the Board

Beginning/Ending

Dates (MM/YY) 04/03 – 06/04

Employers' Name: Lancaster Urological Group, Inc.

Address 2110 Harrisburg Pike City Lancaster State/Province PA Country USA Postal Code 17601

Phone (717) 397-4254 Offices/Positions Held CEO

Supervisor / Contact John Bartges, Principal/Partner

Beginning/Ending

Dates (MM/YY) 05/95 – 03/03

Employers' Name: Lancaster General Susquehanna Division

Address 304 N. Seventh St. City Columbia State/Province PA Country USA Postal Code 17512

Phone (717) 684-1500 Offices/Positions Held President and CEO

Supervisor / Contact Charlie Douts, Chairman

Beginning/Ending

Dates (MM/YY) 04/90 – 04/95

Employers' Name: Fulton Co. Medical Center

Address 216 S. First St. City McConnellsburg State/Province PA Country USA Postal Code 17233

Phone (717) 485-3155 Offices/Positions Held President/CEO and Nursing Home Administrator

Supervisor / Contact Board of Directors

Applicant Name Donegal Mutual Insurance Co.

NAIC No. 13692  
FEIN: 23-1336198

Beginning/Ending

Dates (MM/YY) 09/85 – 04/90

Employers' Name: The Hospital Association of Pennsylvania

Address 4750 Lindle Rd., P.O. Box 8600 City Harrisburg State/Province PA Country USA Postal Code 17105-8600

Phone (717) 564-9200 Offices/Positions Held Director, Planning & Licensure

Supervisor / Contact Jim Redmond, Sr. VP

10. a. Have you ever been in a position which required a fidelity bond? No.
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No.
11. 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. Attach additional pages if the space provided is insufficient.

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Organization/Issuer of License Commonwealth of Pennsylvania City Harrisburg State/Province PA Country USA

License Type NHA License # NH003435-L Date Issued (MM/YY) 12/90 Date Expired (MM/YY) Current

Organization/Issuer of License Commonwealth of Massachusetts City Boston State/Province MA Country USA

License Type Licensed Nursing Home Administrator License # 3499 Date Issued (MM/YY) 06/04

Date Expires (MM/YY) 06/07

Organization/Issuer of License American College of Healthcare City Chicago State/Province IL Country USA

License Type Certified Healthcare Executive License # N/A

12. 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.

Applicant Name Donegal Mutual Insurance Co.

NAIC No. 13692

FEIN: 23-1336198

- 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. N/A

13. 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. Elk Regional Health System

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

14. 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. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. No.

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

15. Have you ever been adjudged a bankrupt? No. If yes, provide details N/A

16. 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? If 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.

- 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.

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 Donegal Mutual Insurance Co.

NAIC No. 13692  
FEIN: 23-1336198

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 27<sup>th</sup> day of Oct 2006 at Marietta PA 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)

10/27/06  
Date

State of Pennsylvania County of Lancaster

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of Oct, 2006 By Scott A Berlucci, and:

who is personally known to me, or

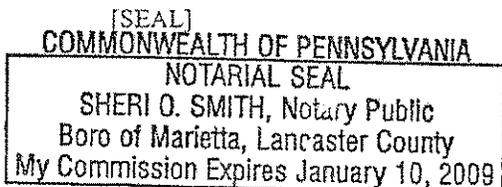
who produced the following identification: \_\_\_\_\_

[Signature]

Notary Public  
Sheri O. Smith

Printed Notary Name  
1/10/2009

My Commission Expires



**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental 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).

Donegal Mutual Insurance Company, 1195 River Road, P.O. Box 302, Marietta, PA 17547-0302, (717) 426-1931

1. a. Affiant's Full Name (Initials Not Acceptable). Scott Andrew Berlucchi
- b. Maiden Name (if applicable) N/A
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen N/A
4. Foreign Student ID# (if applicable) N/A
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Quincy  
State/Province MA Country USA
6. Name of Affiant's Spouse (if applicable) [REDACTED]
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
05/87 to Present	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]

Applicant Name Donegal Mutual Insurance Co.

NAIC No. 13692

FEIN PA 23-1336198

Dated and signed this 27<sup>th</sup> day of Oct, 2006 at Marietta PA 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.

Scott A. Bertucchi  
(Signature of Affiant)

10/27/2006  
Date

State of Pennsylvania County of Lancaster

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of Oct, 2006 By

Scott A. Bertucchi, and:

who is personally known to me, or

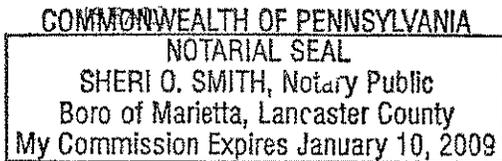
who produced the following identification: \_\_\_\_\_

Sheri O. Smith

Notary Public  
Sheri O. Smith

Printed Notary Name  
1/10/2009

My Commission Expires



## BIOGRAPHICAL AFFIDAVIT

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). Donegal Mutual Insurance Company - 1195 River Rd. - PO Box 302 Marietta, PA 17547-0302

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. a. Affiant's Full Name (Initials Not Acceptable). Dennis J. Bixenman  
 b. Maiden Name (if applicable). \_\_\_\_\_
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 b. Other names used at any time (including aliases).  
None  
 \_\_\_\_\_
3. a. Are you a citizen of the United States? Yes  
 b. Are you a citizen of any other country, if so, what country?
4. Affiant's Occupation or Profession. Management Consultant
5. Affiant's business address. 814 Pierce St. Sioux City, Iowa 51101  
 Business telephone. 712-224-4041

6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Westmar College	Le Mars, Iowa	09/65 to 05/69	BS - Business Administration

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

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

7. 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>
<u>American Institute of Certified Public Accountants</u>	<u>Barry C. Melancon, President, CEO</u>	1211 Avenue of the Americas, New York, NY 10036	<u>212-596-6001</u>
<u>Iowa Society of Certified Public Accountants</u>	<u>Stephen V. Marlow, CPA</u>	950 Office Park Rd., Suite 300 West Des Moines, IA 50265-2548	<u>515-223-8161</u>

8. Present or proposed position with the applicant entity. Member - Board of Directors

9. 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) 08/72 - Present Employers' Name Williams & Company Consulting, Inc.

Address 814 Pierce St. City Sioux City State/Province Iowa

Country USA Postal Code 51101 Phone 712-252-4041 Offices/Positions Held President/Shareholder - since 1978

Supervisor / Contact Harlan E. Crouch, President

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers' Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

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

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers' Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

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

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers' Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

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

10. a. Have you ever been in a position which required a fidelity bond? Yes \_\_\_\_\_ If any claims were made on the bond, give details. None \_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No \_\_\_\_\_

11. 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. Attach additional pages if the space provided is insufficient.

State of Iowa Board of Accountancy \_\_\_\_\_

Organization/Issuer of License State of Iowa Address 1920 S.E. Hulsizer Road  
City Ankeny State/Province Iowa Country USA Postal Code 50021-3941

License Type Permit to practice Public Accounting License # 2002-1616 Date Issued (MM/YY) 07-03

Date Expired (MM/YY) 06-04 Reason for Termination Voluntary termination - no longer practicing public accounting

Non-insurance Regulatory Phone Number (if known) (515) 281-5910

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) \_\_\_\_\_

12. 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_

\_\_\_\_\_

13. 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. \_\_\_\_\_

- 14. 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. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

No \_\_\_\_\_

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

- 15. Have you ever been adjudged a bankrupt? No If Yes, provide details \_\_\_\_\_

- 16. 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? If 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.

- 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

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 25<sup>th</sup> day of October, 2006 at 12:30 PM 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.

Dennis J. Bickerman  
(Signature of Affiant)

10-25-06  
Date

State of IOWA County of WOODBUCKY

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of October, 20 06 By DENNIS J. BICKERMAN, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_



Corinne L. Kober  
Notary Public  
CORINNE L. KOBER  
Printed Notary Name  
Sept. 6, 2009  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental 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).

Donegal Mutual Insurance Company - 1195 River Rd. - PO Box 302  
Marietta, PA 17547-0302

1. a. Affiant's Full Name (Initials Not Acceptable). Dennis J. Bixenman  
b. Maiden Name (if applicable) \_\_\_\_\_
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen \_\_\_\_\_
4. Foreign Student ID# (if applicable) \_\_\_\_\_
5. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Sanborn  
State/Province Iowa Country United States of America
6. Name of Affiant's Spouse (if applicable) [REDACTED]
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
03-76 to Present	<u>[REDACTED]</u>		<u>Iowa</u>	<u>USA</u>	<u>[REDACTED]</u>

Dated and signed this 25<sup>th</sup> day of Oct 2006 at 10:30am 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.

Dennis J. Bixerman  
(Signature of Affiant)

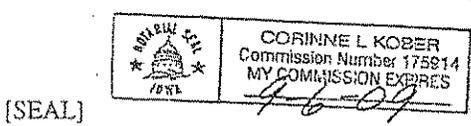
10-25-06  
Date

State of Iowa County of Woodsbury

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of October 20 06 By DENNIS J. BIXERMAN, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_



Corinne L. Kober  
Notary Public  
CORINNE L KOBER  
Printed Notary Name  
Sept. 6, 2009  
My Commission Expires

## 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).

<input type="checkbox"/>	Atlantic States Insurance Company	c/o Donegal Companies
X	Donegal Mutual Insurance Company	1195 River Road
	Le Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
_____	Southern Insurance Company of Virginia	(717) 426-7009 FAX

Type of entity (i.e. insurance company, premium finance company, etc.): **Insurance Company**

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. a. Affiant's Full Name (Initials Not Acceptable). **Frederick William Dreher, III**  
b. Maiden Name (if applicable). **None**
2. a. Have you ever had your name changed? **No** If yes, give the reason for the change and provide the full name(s).  
b. Other names used at any time (including aliases). **None**
3. a. Are you a citizen of the United States? **Yes**  
b. Are you a citizen of any other country, if so, what country? **No**
4. Affiant's Occupation or Profession. **Attorney**
5. Affiant's business address. **Duane Morris LLP, 30 South 17<sup>th</sup> Street, Philadelphia, PA 19103-4196**  
Business telephone. **215-979-1234**
6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Princeton University	Princeton, New Jersey	1958 - 1962	A.B.
<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Harvard Law School	Cambridge, Massachusetts	1962- 1965	LL.B.
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</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)

7. 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>
Pennsylvania Bar Association			

American Bar Association

Philadelphia Bar Association

8. Present or proposed position with the applicant entity. Director

9. 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.

Beginning/Ending Dates 1965 to present Employer's Name Duane Morris LLP

Address 4200 One Liberty Place Philadelphia, PA 19103-7396

Phone 215-979-1234 Offices/Positions Held Senior Partner

Fax 215-979-1213 Supervisor/Contact None

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. None

- 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.

11. 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. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Court Administrator of Pennsylvania  
Address P.O. Box 46 City Camp Hill State/ Country PA Postal Code 17001  
License Type Attorney License # 4683 Date Issued 7/1/03 Date Expired N/A Reason for Termination  
Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

12. 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 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. 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.

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

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, 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

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

15. Have you ever been adjudged a bankrupt? No
16. 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? If 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.
- 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)?

On April 3, 1992, Donegal Mutual Insurance Company ("Donegal Mutual") consummated a transaction with Pioneer Mutual Insurance Company, an Ohio property and casualty insurance company ("Pioneer Mutual") whereby: (i) Donegal Mutual made a surplus note investment of \$2.0 million in Pioneer Mutual, (ii) Donegal Mutual and Pioneer Mutual entered into a management agreement, (iii) designees of

Donegal Mutual became 10 of the 12 members of Pioneer Mutual's Board of Directors and (iv) certain executive officers of Donegal Mutual became executive officers of Pioneer Mutual. The purpose of the surplus note investment was to restore Pioneer Mutual's surplus to a level that would satisfy the minimum requirements of Ohio law. The purpose of the management agreement and the service by Donegal Mutual designees as officers and directors of Pioneer Mutual was to take control of Pioneer Mutual's operations and restore Pioneer Mutual to underwriting profitability.

Because of Pioneer Mutual's precarious financial condition, as reflected in its Annual Statement for the year ended December 31, 1991, in June 1992, only two months after Donegal Mutual had assumed control of Pioneer Mutual, the Indiana Insurance Department suspended Pioneer Mutual's license to write insurance in Indiana. Shortly thereafter, the Indiana Insurance Department indicated that it would lift the suspension as soon as Pioneer Mutual's demutualization was completed and Pioneer Mutual had permanent capital.

On June 23, 1992, Pioneer Mutual's Board of Directors adopted a plan of demutualization which the Ohio Superintendent of Insurance approved on February 11, 1993. On February 26, 1993, Donegal Mutual became the owner of all of the outstanding capital stock of Pioneer Insurance Company ("Pioneer") which was issued to Donegal Mutual in exchange for the \$2.0 million surplus note and the accrued interest thereon. On the same date, Donegal Mutual contributed an additional \$5.0 million to the surplus of Pioneer. Shortly thereafter, the Indiana Insurance Department restored Pioneer's license to write insurance in Indiana.

As a result of the efforts of Donegal Mutual and its personnel who served as officers and directors of Pioneer, Pioneer was restored to financial health and had an A.M. Best rating of "A" (prior to its merger into Atlantic States Insurance Company in 2002).

- 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

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 21<sup>st</sup> day of AUGUST, 2006 at PHILADELPHIA, PA 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.

Joel Wilson Inchausti  
(Signature of Affiant)

BIOGRAPHICAL AFFIDAVIT

Supplemental 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).

X Atlantic States Insurance Company Donegal Mutual Insurance Company Le Mars Insurance Company Peninsula Indemnity Company The Peninsula Insurance Company Southern Insurance Company of Virginia	c/o Donegal Companies 1195 River Road P.O. Box 302 Marietta PA 17547-0302 (717) 426-1931 (717) 426-7009 FAX
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1. a. Affiant's Full Name (Initials Not Acceptable). Frederick William Dreher, III
- b. Maiden Name (if applicable)
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen
4. Foreign Student ID# (if applicable)
5. Date of Birth [REDACTED]  
 Place of Birth: Bryn Mawr  
 State PA  
 Country USA
6. Name of Affiant's Spouse (if applicable)
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates	Address	City	State	Country	Postal Code
1988 to present	[REDACTED]		PA	USA	[REDACTED]

Dated and signed this 21<sup>st</sup> day of AUGUST, 2006 at PHILADELPHIA, PA  
 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.

Frederick William Dreher III  
 (Signature of Affiant)

# 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).

X	Atlantic States Insurance Company	c/o Donegal Companies
	Donegal Mutual Insurance Company	1195 River Road
	Le Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

Type of entity (i.e. insurance company, premium finance company, etc.): Insurance Company

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. a. Affiant's Full Name (Initials Not Acceptable). Philip Hughes Glatfelter, II
- b. Maiden Name (if applicable). None
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).
- b. Other names used at any time (including aliases). None
3. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country, if so, what country? No
4. Affiant's Occupation or Profession. Retired
5. Affiant's business address. None
- Business telephone. None
6. Education and Training:

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

<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
None			

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Obtained</u>
American Institute of Banking	Lancaster, PA	Various dates over 10 year period	Certificate

(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)

7. List of memberships in professional societies and associations. None

8. Present or proposed position with the applicant entity. **Chairman and Director**
9. 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.

Beginning/Ending Dates 1953 - 1989      Employer's Name Meridian Bank (Now Wachovia Bank)

Address Columbia, PA 17512 USA

Phone 717-291-3596      Offices/Positions Held Vice President

Fax Unknown      Supervisor/Contact Unknown

10.
  - a. Have you ever been in a position which required a fidelity bond? **Yes** If any claims were made on the bond, give details. **None**
  - 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.
11. 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. Attach additional pages if the space provided is insufficient. **None**
12. 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 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. 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

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, 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

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

15. Have you ever been adjudged a bankrupt? No

16. 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? If 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.

- 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)?

On April 3, 1992, Donegal Mutual Insurance Company ("Donegal Mutual") consummated a transaction with Pioneer Mutual Insurance Company, an Ohio property and casualty insurance company ("Pioneer Mutual") whereby: (i) Donegal Mutual made a surplus note investment of \$2.0 million in Pioneer Mutual, (ii) Donegal Mutual and Pioneer Mutual entered into a management agreement, (iii) designees of Donegal Mutual became 10 of the 12 members of Pioneer Mutual's Board of Directors and (iv) certain executive officers of Donegal Mutual became executive officers of Pioneer Mutual. The purpose of the surplus note investment was to restore Pioneer Mutual's surplus to a level that would satisfy the minimum requirements of Ohio law. The purpose of the management agreement and the service by Donegal Mutual designees as officers and directors of Pioneer Mutual was to take control of Pioneer Mutual's operations and restore Pioneer Mutual to underwriting profitability.

Because of Pioneer Mutual's precarious financial condition, as reflected in its Annual Statement for the year ended December 31, 1991, in June 1992, only two months after Donegal Mutual had assumed control of Pioneer Mutual, the Indiana Insurance Department suspended Pioneer Mutual's license to write insurance in Indiana. Shortly thereafter, the Indiana Insurance Department indicated that it would lift the suspension as soon as Pioneer Mutual's demutualization was completed and Pioneer Mutual had permanent capital.

On June 23, 1992, Pioneer Mutual's Board of Directors adopted a plan of demutualization which the Ohio Superintendent of Insurance approved on February 11, 1993. On February 26, 1993, Donegal Mutual became the owner of all of the outstanding capital stock of Pioneer Insurance Company

("Pioneer") which was issued to Donegal Mutual in exchange for the \$2.0 million surplus note and the accrued interest thereon. On the same date, Donegal Mutual contributed an additional \$5.0 million to the surplus of Pioneer. Shortly thereafter, the Indiana Insurance Department restored Pioneer's license to write insurance in Indiana.

As a result of the efforts of Donegal Mutual and its personnel who served as officers and directors of Pioneer, Pioneer was restored to financial health and had an A.M. Best rating of "A" (prior to its merger into Atlantic States Insurance Company in 2002).

- 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

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 23 day of August, 2006 at MOBILE, AL 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)

BIOGRAPHICAL AFFIDAVIT  
Supplemental 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).

X	Atlantic States Insurance Company	c/o Donegal Companies
	Donegal Mutual Insurance Company	1195 River Road
	Le Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

1. a. Affiant's Full Name (Initials Not Acceptable). Philip Hughes Glatfelter, II

b. Maiden Name (if applicable): None

2. Affiant's Social Security Number [REDACTED]

3. Government Identification Number if not a U.S. Citizen

4. Foreign Student ID# (if applicable)

5. Date of Birth [REDACTED]  
Place of Birth: City Columbia  
State PA  
Country USA

6. Name of Affiant's Spouse (if applicable) [REDACTED]

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

Beginning/Ending Dates	Address	City	State	Country	Postal Code
1959 to present	[REDACTED]		PA	USA	[REDACTED]

Dated and signed this 23 day of August, 2006 at Marietta PA.  
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.

Philip Hughes Glatfelter II  
(Signature of Affiant)

## 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).

	Atlantic States Insurance Company	c/o Donegal Companies
X	Donegal Mutual Insurance Company	1195 River Road
	Le Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

Type of entity (i.e. insurance company, premium finance company, etc.): **Insurance Company**

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. a. Affiant's Full Name (Initials Not Acceptable). **Cyril James Greenya**  
b. Maiden Name (if applicable). **None**
2. a. Have you ever had your name changed? **No** If yes, give the reason for the change and provide the full name(s).  
b. Other names used at any time (including aliases). **None**
3. a. Are you a citizen of the United States? **Yes**  
b. Are you a citizen of any other country, if so, what country? **No**
4. Affiant's Occupation or Profession. **Senior Vice President & Chief Underwriting Officer**
5. Affiant's business address. **1195 River Road, Marietta, PA 17547**  
Business telephone. **717-426-1931**
6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
LaSalle University	Philadelphia, PA	1962-1966	BA

<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Penn State University	State College, PA	1966-1967	

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Obtained</u>
None			

(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)

7. 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 Society of CPCU	Unknown	720 Providence Road Malvern, PA 19355	800-932-2728

8. Present or proposed position with the applicant entity. **Senior Vice President & Chief Underwriting Officer**
9. 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.

Beginning/Ending Dates **1971-present** Employer's Name **Donegal Mutual Insurance Company**

Address **1195 River Road, Marietta, PA 17547 USA**

Phone **717-426-1931** Offices/Positions Held **Sr. Vice President Underwriting, VP Underwriting, VP Commercial, Manager Commercial, Manager Homeowners, Underwriter**

Fax **717-426-7030** Supervisor/Contact **Donald Nikolaus**

10. a. Have you ever been in a position which required a fidelity bond? **No** If any claims were made on the bond, give details.
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? **No** If yes, give details.
11. 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. Attach additional pages if the space provided is insufficient. **At one time I had a Pennsylvania Property & Casualty Agent's License. However since I had no real need for it, I allowed it to expire several years ago. I do not have any specific information, such as license # regarding this license.**
12. 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 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. 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.

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, 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, Donegal Group, Inc.**

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

15. Have you ever been adjudged a bankrupt? No
16. 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? If 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.
- 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)?

On April 3, 1992, Donegal Mutual Insurance Company ("Donegal Mutual") consummated a transaction with Pioneer Mutual Insurance Company, an Ohio property and casualty insurance company ("Pioneer Mutual") whereby: (i) Donegal Mutual made a surplus note investment of \$2.0 million in Pioneer Mutual, (ii) Donegal Mutual and Pioneer Mutual entered into a management agreement, (iii) designees of Donegal Mutual became 10 of the 12 members of Pioneer Mutual's Board of Directors and (iv) certain executive officers of Donegal Mutual became executive officers of Pioneer Mutual. The purpose of the surplus note investment was to restore Pioneer Mutual's surplus to a level that would satisfy the minimum requirements of Ohio law. The purpose of the management agreement and the service by Donegal Mutual designees as officers and directors of Pioneer Mutual was to take control of Pioneer Mutual's operations and restore Pioneer Mutual to underwriting profitability.

Because of Pioneer Mutual's precarious financial condition, as reflected in its Annual Statement for the year ended December 31, 1991, in June 1992, only two months after Donegal Mutual had assumed control of Pioneer Mutual, the Indiana Insurance Department suspended Pioneer Mutual's license to write insurance in Indiana. Shortly thereafter, the Indiana Insurance Department indicated that it would lift the suspension as soon as Pioneer Mutual's demutualization was completed and Pioneer Mutual had permanent capital.

On June 23, 1992, Pioneer Mutual's Board of Directors adopted a plan of demutualization which the Ohio Superintendent of Insurance approved on February 11, 1993. On February 26, 1993, Donegal Mutual became the owner of all of the outstanding capital stock of Pioneer Insurance Company ("Pioneer") which was issued to Donegal Mutual in exchange for the \$2.0 million surplus note and the accrued interest thereon. On the same date, Donegal Mutual contributed an additional \$5.0 million to the surplus of Pioneer. Shortly thereafter, the Indiana Insurance Department restored Pioneer's license to write insurance in Indiana.

As a result of the efforts of Donegal Mutual and its personnel who served as officers and directors of Pioneer, Pioneer was restored to financial health and had an A.M. Best rating of "A" (prior to its merger into Atlantic States Insurance Company in 2002).

- 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

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 27th day of October, 2006 at Marietta, PA, 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 Pennsylvania County of Lancaster

The foregoing instrument was acknowledged before me this 27th day of Oct., 2006. By Cyril J. Greenya, and:

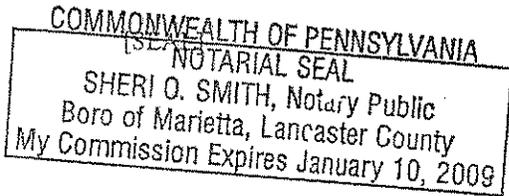
who is personally known to me, or  
 who produced the following identification:

[Signature]

Notary Public  
SHERI O. SMITH

Printed Notary Name

My commission Expires: 1/10/2009



BIOGRAPHICAL AFFIDAVIT  
Supplemental 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).

X	Atlantic States Insurance Company	c/o Donegal Companies
	Donegal Mutual Insurance Company	1195 River Road
	Le Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

1. a. Affiant's Full Name (Initials Not Acceptable). Cyril James Greenya

b. Maiden Name (if applicable) None

2. Affiant's Social Security Number [REDACTED]

3. Government Identification Number if not a U.S. Citizen

4. Foreign Student ID# (if applicable)

5. Date of Birth [REDACTED]  
Place of Birth: City Columbia  
State PA  
Country USA

6. Name of Affiant's Spouse (if applicable) [REDACTED]

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

Beginning/Ending Dates	Address	City	State	Country	Postal Code
1996-present	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]
1986-1996	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]
1978-1986	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]

Dated and signed this 27<sup>th</sup> day of October, 2006 at Marietta, PA, 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 Pennsylvania County of Lancaster

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of Oct, 2006. By Cyril Jo Greenya, and:

X who is personally known to me, or  
\_\_\_\_\_ who produced the following identification:

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
SHERI O. SMITH, Notary Public  
Boro of Marietta, Lancaster County  
My Commission Expires January 10, 2009

[Signature]  
Notary Public  
SHERI O. SMITH  
Printed Notary Name  
My commission Expires: 1/10/2009

## 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).

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	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

Type of entity (i.e. insurance company, premium finance company, etc.): Insurance Company

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. a. Affiant's Full Name (Initials Not Acceptable). Jeffrey Dean Miller
- b. Maiden Name (if applicable). None
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).
- b. Other names used at any time (including aliases). None
3. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country, if so, what country? No
4. Affiant's Occupation or Profession. Senior Vice President and Chief Financial Officer
5. Affiant's business address. 1195 River Road, Marietta, PA 17547
- Business telephone. 717-426-1931
6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Bob Jones University	Greenville, SC	1982-1986	BS

<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
None			

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Obtained</u>
None			

(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)

7. 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>
American and PA Institute of Certified Public Accountants	Unknown	100 Pine Street Harrisburg, PA	717-232-1821

8. Present or proposed position with the applicant entity. Senior Vice President and Chief Financial Officer
9. 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.

Beginning/Ending Dates 1993-present      Employer's Name Donegal Mutual Insurance Company

Address 1195 River Road, Marietta, PA 17547 USA

Phone 717-426-1931      Offices/Positions Held Senior Vice President and Chief Financial Officer

Fax 717-426-7031      Supervisor/Contact Donald H. Nikolaus

Beginning/Ending Dates 1989-1993      Employer's Name Lincoln General Insurance Company

Address PO Box 3709, York, PA 17402 USA

Phone 717-757-0000      Offices/Positions Held Contoller

Fax N/A      Supervisor/Contact Gary Orndorff

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details.
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details.
11. 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. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Commonwealth of Pennsylvania      Address Strawberry Square  
 City Harrisburg      State/Province PA      Country USA      Postal Code 17120  
 License Type CPA      License # CA024809L      Date Issued 1986      Date Expired N/A      Reason for Termination N/A  
 Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

12. 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 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. 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.

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, 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 any of the shares or stock are pledged or hypothecated in any way, give details.

15. Have you ever been adjudged a bankrupt? No
16. 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? If 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.
- 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)?

On April 3, 1992, Donegal Mutual Insurance Company ("Donegal Mutual") consummated a transaction with Pioneer Mutual Insurance Company, an Ohio property and casualty insurance company ("Pioneer Mutual") whereby: (i) Donegal Mutual made a surplus note investment of \$2.0 million in Pioneer Mutual, (ii) Donegal Mutual and Pioneer Mutual entered into a management agreement, (iii) designees of Donegal Mutual became 10 of the 12 members of Pioneer Mutual's Board of Directors and (iv) certain executive officers of Donegal Mutual became executive officers of Pioneer Mutual. The purpose of the surplus note investment was to restore Pioneer Mutual's surplus to a level that would satisfy the minimum requirements of Ohio law. The purpose of the management agreement and the service by Donegal Mutual designees as officers and directors of Pioneer Mutual was to take control of Pioneer Mutual's operations and restore Pioneer Mutual to underwriting profitability.

Because of Pioneer Mutual's precarious financial condition, as reflected in its Annual Statement for the year ended December 31, 1991, in June 1992, only two months after Donegal Mutual had assumed control of Pioneer Mutual, the Indiana Insurance Department suspended Pioneer Mutual's license to write insurance in Indiana. Shortly thereafter, the Indiana Insurance Department indicated that it would lift the suspension as soon as Pioneer Mutual's demutualization was completed and Pioneer Mutual had permanent capital.

On June 23, 1992, Pioneer Mutual's Board of Directors adopted a plan of demutualization which the Ohio Superintendent of Insurance approved on February 11, 1993. On February 26, 1993, Donegal Mutual became the owner of all of the outstanding capital stock of Pioneer Insurance Company ("Pioneer") which was issued to Donegal Mutual in exchange for the \$2.0 million surplus note and the accrued interest thereon. On the same date, Donegal Mutual contributed an additional \$5.0 million to the surplus of Pioneer. Shortly thereafter, the Indiana Insurance Department restored Pioneer's license to write insurance in Indiana.

As a result of the efforts of Donegal Mutual and its personnel who served as officers and directors of Pioneer, Pioneer was restored to financial health and had an A.M. Best rating of "A" (prior to its merger into Atlantic States Insurance Company in 2002).

- 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

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 22<sup>nd</sup> day of August, 2006 at Maricopa PA 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)

BIOGRAPHICAL AFFIDAVIT  
Supplemental 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).

x	Atlantic States Insurance Company	c/o Donegal Companies
	Donegal Mutual Insurance Company	1195 River Road
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	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

1. a. Affiant's Full Name (Initials Not Acceptable). Jeffrey Dean Miller

b. Maiden Name (if applicable) None

2. Affiant's Social Security Number [REDACTED]

3. Government Identification Number if not a U.S. Citizen

4. Foreign Student ID# (if applicable)

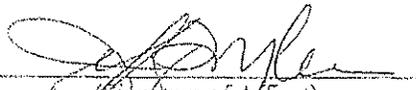
5. Date of Birth [REDACTED]  
Place of Birth: City Lebanon  
State PA  
Country USA

6. Name of Affiant's Spouse (if applicable) [REDACTED]

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

Beginning/Ending Dates	Address	City	State	Country	Postal Code
2002-present	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]
1992-2002	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]
1990-1992	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]

Dated and signed this 22<sup>nd</sup> day of August, 2006 at Marietta, PA  
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)

## 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).

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	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

Type of entity (i.e. insurance company, premium finance company, etc.): Insurance Company

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. a. Affiant's Full Name (Initials Not Acceptable). Donald Herbert Nikolaus
- b. Maiden Name (if applicable). None
2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).
- b. Other names used at any time (including aliases). None
3. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country, if so, what country? No
4. Affiant's Occupation or Profession. President & CEO
5. Affiant's business address. 1195 River Road, Marietta, PA 17547  
Business telephone. 717-426-1931
6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Villanova University	Villanova, PA	1960-1964	Bachelor of Science in Economics
<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Villanova Law School	Villanova, PA	1964-1967	Juris Doctorem
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
None			

(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)



- 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 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. 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.

Donegal Group Inc. - Less than 5% of Donegal Group Inc.

Donegal Mutual Insurance Company - 0%

Columbia Water Company, Columbia, PA - 16%

Marietta Gravity Water Company, Marietta, PA - 18%

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

A portion is used as collateral for a bank loan.

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, 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

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

15. Have you ever been adjudged a bankrupt? No

16. 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? If 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.

- 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)?

On April 3, 1992, Donegal Mutual Insurance Company ("Donegal Mutual") consummated a transaction with Pioneer Mutual Insurance Company, an Ohio property and casualty insurance company ("Pioneer Mutual") whereby: (i) Donegal Mutual made a surplus note investment of \$2.0 million in Pioneer Mutual, (ii) Donegal Mutual and Pioneer Mutual entered into a management agreement, (iii) designees of Donegal Mutual became 10 of the 12 members of Pioneer Mutual's Board of Directors and (iv) certain executive officers of Donegal Mutual became executive officers of Pioneer Mutual. The purpose of the surplus note investment was to restore Pioneer Mutual's surplus to a level that would satisfy the minimum requirements of Ohio law. The purpose of the management agreement and the service by Donegal Mutual designees as officers and directors of Pioneer Mutual was to take control of Pioneer Mutual's operations and restore Pioneer Mutual to underwriting profitability.

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As a result of the efforts of Donegal Mutual and its personnel who served as officers and directors of Pioneer, Pioneer was restored to financial health and had an A.M. Best rating of "A" (prior to its merger into Atlantic States Insurance Company in 2002).

- 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

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 31<sup>st</sup> day of August 2006 at Marietta, PA, 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)

BIOGRAPHICAL AFFIDAVIT  
Supplemental 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).

X	Atlantic States Insurance Company	c/o Donegal Companies
	Donegal Mutual Insurance Company	1195 River Road
	I.e Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

1. a. Affiant's Full Name (Initials Not Acceptable). Donald Herbert Nikolaus
- b. Maiden Name (if applicable) None
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen
4. Foreign Student ID# (if applicable)
5. Date of Birth [REDACTED]  
Place of Birth: City Columbia  
State PA  
Country USA
6. Name of Affiant's Spouse (if applicable) [REDACTED]
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates	Address	City	State	Country	Postal Code
1995 to present	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]
1976-1995	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]

Dated and signed this 31<sup>st</sup> day of August, 2006 at Marietta, PA 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)

# BIOGRAPHICAL AFFIDAVIT

Not 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).

X	Atlantic States Insurance Company	c/o Donegal Companies
	Donegal Mutual Insurance Company	1195 River Road
	Le Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

Type of entity (i.e. insurance company, premium finance company, etc.): **Insurance Company**

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. a. Affiant's Full Name (Initials Not Acceptable). **Robert Gary Shenk**  
b. Maiden Name (if applicable). **None**
2. a. Have you ever had your name changed? **No** If yes, give the reason for the change and provide the full name(s).  
b. Other names used at any time (including aliases). **None**
3. a. Are you a citizen of the United States? **Yes**  
b. Are you a citizen of any other country, if so, what country? **No**
4. Affiant's Occupation or Profession. **Senior Vice President Claims**
5. Affiant's business address. **1195 River Road, Marietta, PA 17547**  
Business telephone. **717-426-1931**
6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Delaware	Newark, DE	1971-1973	
<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
None			
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Obtained</u>
CPCU Designation received in 1988			

(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)

7. 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 Society of CPCU	Unknown	720 Malvern Rd. Malvern, PA 19355	610-251-2779

8. Present or proposed position with the applicant entity. Senior Vice President Claims

9. 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.

Beginning/Ending Dates 1983-present      Employer's Name Donegal Mutual Insurance Company

Address 1195 River Road, Marietta, PA 17547 USA

Phone 717-426-1931      Offices/Positions Held Sr. Vice President Claims

Fax 717-426-7023      Supervisor/Contact Donald Nikolaus

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details.
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details.
11. 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. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Pennsylvania Dept of Insurance      Address 1311 Strawberry Square  
City Harrisburg State/Province Pennsylvania Country USA Postal Code 17120  
License Type Appraiser License # 136120 Date Issued 1974 Date Expired N/A Reason for Termination N/A  
Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

Organization/Issuer of License Delaware Dept of Insurance      Address 841 Silver Lake Blvd.  
City Dover State/Province Delaware Country USA Postal Code 19904  
License Type Adjuster License # 115177 Date Issued 1986 Date Expired N/A Reason for Termination N/A  
Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

12. 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 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. 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

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, 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

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

15. Have you ever been adjudged a bankrupt? No

16. 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? If 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.

- 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)?

On April 3, 1992, Donegal Mutual Insurance Company ("Donegal Mutual") consummated a transaction with Pioneer Mutual Insurance Company, an Ohio property and casualty insurance company ("Pioneer Mutual") whereby: (i) Donegal Mutual made a surplus note investment of \$2.0 million in Pioneer

Mutual, (ii) Donegal Mutual and Pioneer Mutual entered into a management agreement, (iii) designees of Donegal Mutual became 10 of the 12 members of Pioneer Mutual's Board of Directors and (iv) certain executive officers of Donegal Mutual became executive officers of Pioneer Mutual. The purpose of the surplus note investment was to restore Pioneer Mutual's surplus to a level that would satisfy the minimum requirements of Ohio law. The purpose of the management agreement and the service by Donegal Mutual designees as officers and directors of Pioneer Mutual was to take control of Pioneer Mutual's operations and restore Pioneer Mutual to underwriting profitability.

Because of Pioneer Mutual's precarious financial condition, as reflected in its Annual Statement for the year ended December 31, 1991, in June 1992, only two months after Donegal Mutual had assumed control of Pioneer Mutual, the Indiana Insurance Department suspended Pioneer Mutual's license to write insurance in Indiana. Shortly thereafter, the Indiana Insurance Department indicated that it would lift the suspension as soon as Pioneer Mutual's demutualization was completed and Pioneer Mutual had permanent capital.

On June 23, 1992, Pioneer Mutual's Board of Directors adopted a plan of demutualization which the Ohio Superintendent of Insurance approved on February 11, 1993. On February 26, 1993, Donegal Mutual became the owner of all of the outstanding capital stock of Pioneer Insurance Company ("Pioneer") which was issued to Donegal Mutual in exchange for the \$2.0 million surplus note and the accrued interest thereon. On the same date, Donegal Mutual contributed an additional \$5.0 million to the surplus of Pioneer. Shortly thereafter, the Indiana Insurance Department restored Pioneer's license to write insurance in Indiana.

As a result of the efforts of Donegal Mutual and its personnel who served as officers and directors of Pioneer, Pioneer was restored to financial health and had an A.M. Best rating of "A" (prior to its merger into Atlantic States Insurance Company in 2002).

- 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

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 29<sup>th</sup> day of August, 2006 at Marietta, PA 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)

BIOGRAPHICAL AFFIDAVIT  
Supplemental 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).

- X Atlantic States Insurance Company
- Donegal Mutual Insurance Company
- Le Mars Insurance Company
- Peninsula Indemnity Company
- The Peninsula Insurance Company
- Southern Insurance Company of Virginia

c/o Donegal Companies  
1195 River Road  
P.O. Box 302  
Marietta PA 17547-0302  
(717) 426-1931  
(717) 426-7009 FAX

1. a. Affiant's Full Name (Initials Not Acceptable). Robert Gary Shenk  
b. Maiden Name (if applicable) None
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen
4. Foreign Student ID# (if applicable)
5. Date of Birth [REDACTED]  
Place of Birth: City Lancaster  
State PA  
Country USA
6. Name of Affiant's Spouse (if applicable) [REDACTED]
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates	Address	City	State	Country	Postal Code
1982-present	[REDACTED]		PA	USA	[REDACTED]

Dated and signed this 29<sup>th</sup> day of August, 2006 at Marietta, PA  
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)

# 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).

X	Atlantic States Insurance Company	c/o Donegal Companies
	Donegal Mutual Insurance Company	1195 River Road
	Le Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
___	Southern Insurance Company of Virginia	(717) 426-7009 FAX

Type of entity (i.e. insurance company, premium finance company, etc.): Insurance Company

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.

- Affiant's Full Name (Initials Not Acceptable). Roy Richard Sherbahn
  - Maiden Name (if applicable). None
- Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).
  - Other names used at any time (including aliases). None
- Are you a citizen of the United States? Yes
  - Are you a citizen of any other country, if so, what country? No
- Affiant's Occupation or Profession. Insurance Broker
- Affiant's business address. 2173 Embassy Drive, Lancaster, PA 17603  
Business telephone. 717-431-3123
- Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Pennsylvania	Philadelphia, PA	1949-1953	BS in Economics
<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
None			
<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Obtained</u>
None			

(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)

- 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>
Society of Financial Service Professionals	Unknown	Bryn Mawr, PA	800-927-2427
Institute of Certified Financial Planners	Unknown	1700 Broadway, Ste 2100 Denver, CO 80190	888-237-6275

8. Present or proposed position with the applicant entity. Director
9. 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.

Beginning/Ending Dates 1956-present      Employer's Name Sherbahn Associates -- Self-employed

Address 2173 Embassy Drive, Lancaster, PA 17022 USA

Phone 717-431-3123      Offices/Positions Held Owner -- Insurance Broker

Fax 717-431-2014      Supervisor/Contact Self

Beginning/Ending Dates 1986-present      Employer's Name Sherbahn Associates -- Self-employed

Address 2173 Embassy Drive, Lancaster, PA 17022 USA

Phone 717-431-3123      Offices/Positions Held Certified Financial Planner

Fax 717-431-2014      Supervisor/Contact Self

10. a. Have you ever been in a position which required a fidelity bond? Yes If any claims were made on the bond, give details. None
- 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.

11. 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. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License FSC Securities Corp      Address 2300 Windy Ridge Pkwy City Atlanta  
State/Province GA      Country USA      Postal Code 30339  
License Type Securities      License # 211-18-8200      CDR# 421559\_      Date Issued 7/18/69      Date Expired N/A  
Reason for Termination N/A      Non-insurance Regulatory Phone Number 800-547-2382

Organization/Issuer of License Commonwealth of PA, Dept of Insurance      Address 1300 Strawberry Square  
City Harrisburg      State/Province PA      Country USA      Postal Code 17120  
License Type Resident Broker      License # 145079      Date Issued 1956      Date Expired N/A      Reason for Termination N/A  
Non-insurance Regulatory Phone Number 717-787-3840

Organization/Issuer of License Commonwealth of PA, Dept of Insurance      Address 1300 Strawberry Square  
City Harrisburg      State/Province PA      Country USA      Postal Code 17120  
License Type Resident Agent      License # 89644      Date Issued 1956      Date Expired N/A      Reason for Termination N/A  
Non-insurance Regulatory Phone Number 717-787-3840

12. 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 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. 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

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, 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

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

15. Have you ever been adjudged a bankrupt? No
16. 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? If 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.

- 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)?

On April 3, 1992, Donegal Mutual Insurance Company ("Donegal Mutual") consummated a transaction with Pioneer Mutual Insurance Company, an Ohio property and casualty insurance company ("Pioneer Mutual") whereby: (i) Donegal Mutual made a surplus note investment of \$2.0 million in Pioneer Mutual, (ii) Donegal Mutual and Pioneer Mutual entered into a management agreement, (iii) designees of Donegal Mutual became 10 of the 12 members of Pioneer Mutual's Board of Directors and (iv) certain executive officers of Donegal Mutual became executive officers of Pioneer Mutual. The purpose of the surplus note investment was to restore Pioneer Mutual's surplus to a level that would satisfy the minimum requirements of Ohio law. The purpose of the management agreement and the service by Donegal Mutual designees as officers and directors of Pioneer Mutual was to take control of Pioneer Mutual's operations and restore Pioneer Mutual to underwriting profitability.

Because of Pioneer Mutual's precarious financial condition, as reflected in its Annual Statement for the year ended December 31, 1991, in June 1992, only two months after Donegal Mutual had assumed control of Pioneer Mutual, the Indiana Insurance Department suspended Pioneer Mutual's license to write insurance in Indiana. Shortly thereafter, the Indiana Insurance Department indicated that it would lift the suspension as soon as Pioneer Mutual's demutualization was completed and Pioneer Mutual had permanent capital.

On June 23, 1992, Pioneer Mutual's Board of Directors adopted a plan of demutualization which the Ohio Superintendent of Insurance approved on February 11, 1993. On February 26, 1993, Donegal Mutual became the owner of all of the outstanding capital stock of Pioneer Insurance Company ("Pioneer") which was issued to Donegal Mutual in exchange for the \$2.0 million surplus note and the accrued interest thereon. On the same date, Donegal Mutual contributed an additional \$5.0 million to the surplus of Pioneer. Shortly thereafter, the Indiana Insurance Department restored Pioneer's license to write insurance in Indiana.

As a result of the efforts of Donegal Mutual and its personnel who served as officers and directors of Pioneer, Pioneer was restored to financial health and had an A.M. Best rating of "A" (prior to its merger into Atlantic States Insurance Company in 2002).

- 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

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 28 day of August, 2006 at Lancaster PA 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)

BIOGRAPHICAL AFFIDAVIT  
Supplemental 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).

X	Atlantic States Insurance Company	c/o Donegal Companies
	Donegal Mutual Insurance Company	1195 River Road
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	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

- a. Affiant's Full Name (Initials Not Acceptable). **Roy Richard Sherbahn**
- b. Maiden Name (if applicable) **None**

2. Affiant's Social Security Number 

3. Government Identification Number if not a U.S. Citizen

4. Foreign Student ID# (if applicable)

5. Date of Birth   
Place of Birth: City **Lancaster**  
State **PA**  
Country **USA**

6. Name of Affiant's Spouse (if applicable) **None**

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

Beginning/Ending Dates	Address	City	State	Country	Postal Code
2005 to present			PA	USA	
1997 to 2004			PA	USA	
1996 to 1997			PA	USA	
1986-1996			PA	USA	

Dated and signed this 28 day of August, 2006 at Lancaster PA  
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)

# 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).

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	Donegal Mutual Insurance Company	1195 River Road
	Le Mars Insurance Company	P.O. Box 302
	Peninsula Indemnity Company	Marietta PA 17547-0302
	The Peninsula Insurance Company	(717) 426-1931
	Southern Insurance Company of Virginia	(717) 426-7009 FAX

Type of entity (i.e. insurance company, premium finance company, etc.): **Insurance Company**

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. a. Affiant's Full Name (Initials Not Acceptable). **Daniel John Wagner**  
b. Maiden Name (if applicable). **None**
2. a. Have you ever had your name changed? **No** If yes, give the reason for the change and provide the full name(s).  
b. Other names used at any time (including aliases). **None**
3. a. Are you a citizen of the United States? **Yes**  
b. Are you a citizen of any other country, if so, what country? **No**
4. Affiant's Occupation or Profession. **Senior Vice President and Treasurer**
5. Affiant's business address. **1195 River Road, Marietta, PA 17547**  
Business telephone. **717-426-1931**
6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Pennsylvania State University	State College, PA	1980-1982	BBA Accounting/ Finance
Harrisburg Area Community College	Harrisburg, PA	1978-1980	AA Bus. Admin

<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
None			

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Obtained</u>
None			

(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)

7. 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>
American and PA Institute of Certified Public Accountants	Unknown	100 Pine Street Harrisburg, PA	717-232-1821

8. Present or proposed position with the applicant entity. Senior Vice President and Treasurer
9. 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.

Beginning/Ending Dates 1987-present      Employer's Name Donegal Mutual Insurance Company

Address 1195 River Road, Marietta, PA 17547 USA

Phone 717-426-1931      Offices/Positions Held Vice President and Treasurer,  
Treasurer, Controller

Fax 717-426-7009      Supervisor/Contact Ralph Spontak

Beginning/Ending Dates 1982-1987      Employer's Name KPMG (formerly Main Hurdman)

Address Harrisburg, PA USA

Phone 717-260-4600      Offices/Positions Held Manager

Fax Unknown      Supervisor/Contact Richard Wampler

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details.
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? No If yes, give details.
11. 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. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Commonwealth of Pennsylvania      Address Strawberry Square  
City Harrisburg      State/Province Pennsylvania      Country USA      Postal Code 17120  
License Type CPA      License # CA-19616-L      Date Issued 1984      Date Expired N/A      Reason for Termination N/A  
Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

12. 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 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 answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. 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.

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, 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

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

15. Have you ever been adjudged a bankrupt? No
16. 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? If 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.
- 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)?

On April 3, 1992, Donegal Mutual Insurance Company ("Donegal Mutual") consummated a transaction with Pioneer Mutual Insurance Company, an Ohio property and casualty insurance company ("Pioneer Mutual") whereby: (i) Donegal Mutual made a surplus note investment of \$2.0 million in Pioneer Mutual, (ii) Donegal Mutual and Pioneer Mutual entered into a management agreement, (iii) designees of Donegal Mutual became 10 of the 12 members of Pioneer Mutual's Board of Directors and (iv) certain executive officers of Donegal Mutual became executive officers of Pioneer Mutual. The purpose of the surplus note investment was to restore Pioneer Mutual's surplus to a level that would satisfy the minimum requirements of Ohio law. The purpose of the management agreement and the service by Donegal Mutual designees as officers and directors of Pioneer Mutual was to take control of Pioneer Mutual's operations and restore Pioneer Mutual to underwriting profitability.

Because of Pioneer Mutual's precarious financial condition, as reflected in its Annual Statement for the year ended December 31, 1991, in June 1992, only two months after Donegal Mutual had assumed control of Pioneer Mutual, the Indiana Insurance Department suspended Pioneer Mutual's license to write insurance in Indiana. Shortly thereafter, the Indiana Insurance Department indicated that it would lift the suspension as soon as Pioneer Mutual's demutualization was completed and Pioneer Mutual had permanent capital.

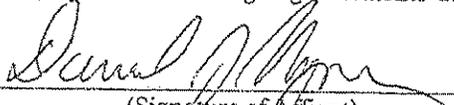
On June 23, 1992, Pioneer Mutual's Board of Directors adopted a plan of demutualization which the Ohio Superintendent of Insurance approved on February 11, 1993. On February 26, 1993, Donegal Mutual became the owner of all of the outstanding capital stock of Pioneer Insurance Company ("Pioneer") which was issued to Donegal Mutual in exchange for the \$2.0 million surplus note and the accrued interest thereon. On the same date, Donegal Mutual contributed an additional \$5.0 million to the surplus of Pioneer. Shortly thereafter, the Indiana Insurance Department restored Pioneer's license to write insurance in Indiana.

As a result of the efforts of Donegal Mutual and its personnel who served as officers and directors of Pioneer, Pioneer was restored to financial health and had an A.M. Best rating of "A" (prior to its merger into Atlantic States Insurance Company in 2002).

- 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

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 28<sup>th</sup> day of August, 2006 at Lancaster PA 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)

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Information**

**(Print or Type)**

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

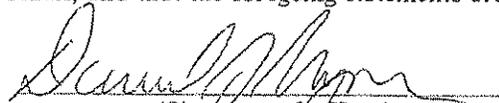
Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

X Atlantic States Insurance Company Donegal Mutual Insurance Company Le Mars Insurance Company Peninsula Indemnity Company The Peninsula Insurance Company Southern Insurance Company of Virginia	c/o Donegal Companies 1195 River Road P.O. Box 302 Marietta PA 17547-0302 (717) 426-1931 (717) 426-7009 FAX
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1. a. Affiant's Full Name (Initials Not Acceptable). Daniel John Wagner
- b. Maiden Name (if applicable) None
2. Affiant's Social Security Number [REDACTED]
3. Government Identification Number if not a U.S. Citizen
4. Foreign Student ID# (if applicable)
5. Date of Birth [REDACTED]  
 Place of Birth: City Harrisburg  
 State PA  
 Country USA
6. Name of Affiant's Spouse (if applicable) [REDACTED]
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates	Address	City	State	Country	Postal Code
1996-present	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]
1985-1996	[REDACTED]	[REDACTED]	PA	USA	[REDACTED]

Dated and signed this 28<sup>th</sup> day of August, 2006 at Lancaster PA  
 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)