

BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full name and address of company *(Do not use group names)* _____

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

1. Affiant's full name (Initials not acceptable) _____

2. a. Have you ever had your name changed? _____

If yes, give the reason for the change _____

b. Other names used at any time _____

3. Date and place of birth _____

4. Affiant's business address _____

Business telephone _____

5. List your residences for the last 10 years starting with your current address, giving:

DATE

ADDRESS

CITY and STATE

6. Education: Dates, names, locations and degrees:

College _____

Graduate studies _____

Others _____

7. List memberships in professional societies and associations _____

8. Present or proposed position with the applicant company _____

9. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past 10 years, giving:

DATE

EMPLOYER AND ADDRESS

TITLE

10. Present employer may be contacted Yes No (Circle one)

Former employer may be contacted Yes No (Circle one)

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

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 cancelled or revoked?_

If yes, give details _____

12. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reason for termination). _____
- _____
- _____

13. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? _____

If yes, give details _____

14. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____
- _____
- _____

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

15. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? _____
- If any of the share of stock are pledged or hypothecated in any way, give details. _____
- _____
- _____
16. Have you ever been adjudged bankrupt? _____
17. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency? _____
- _____
- _____
- b. Has any company been so charged, allegedly as a result of any action or conduct on your part? _____
- If yes, give details _____
- _____
18. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____
- _____
19. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____
- _____ If yes, give details _____
- _____
- _____

(Signature Page)

Dated and signed this _____ day of _____ at _____
_____. 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 _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being
duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein
are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, _____

(SEAL)

Notary Public

My Commission Expires _____