



## Biographical Statement and Affidavit

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Fully answer all questions. If a question is not applicable write "N/A". If the space on this form is inadequate, attach additional sheets. List chronological data in reverse order, beginning with the most recent data. Print or type all answers.

1. Person for which this biographical statement is required:

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Maiden Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

E-mail address \_\_\_\_\_ Occupation or Profession \_\_\_\_\_

2. Full name and address of the present or proposed entity under which this biographical statement is required:

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

3. Type of entity:

\_\_\_\_\_

4. Your current or proposed position with the present or proposed entity:

\_\_\_\_\_

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

DATE	STREET ADDRESS	CITY / STATE / ZIP	PHONE

6. Education: Dates, Names, Locations and Degrees

College / University

DATES	NAMES	CITY / STATE	DEGREES

Other Institutions

DATES	NAMES	CITY / STATE	DEGREES

7. List complete employment record (up to and including present jobs, positions, directorates or officer ships) for the past ten (10) years, giving: May present employer be contacted?  YES  NO

DATES                      EMPLOYER                      STREET/CITY/STATE                      TITLE

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8. List other current business activities: \_\_\_\_\_

9. (a) Have you or your spouse ever been affiliated or associated with, or in any way connected with, an insurance entity regulated by the GA Office of Commissioner of Insurance?  YES  NO (b) If "Yes" list all such entities:

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10. (a) Do you or members of your immediate family have, or will have an ownership interest of any kind in the present or proposed entity?  YES  NO (b) If "Yes", list all such ownership interests and give full details. If the ownership interest is pledged or hypothecated in any way, give full details:

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11. (a) Have you ever used an alias or a different name?  YES  NO (b) If "Yes", list all other names used and give full explanation and supporting documentation:

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12. (a) Have you been in a position which required a fidelity bond?  YES  NO  
If any claims were made on the bond, give details.

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(b) Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked?  YES  NO If yes, give details.

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13. Have you ever been licensed as an insurance agent, broker, solicitor, adjuster, or counselor in Georgia or any other state?

YES  NO If yes, give details.

State/Federal License Dates License Numbers Name of Issuer of License(s)

State/Federal	License Dates	License Numbers	Name of Issuer of License(s)

14. Have you ever been licensed to sell securities?  YES  NO If yes, give details.

State/Federal License Dates License Number(s) Name of Issuer of License(s)

State/Federal	License Dates	License Number(s)	Name of Issuer of License(s)

15. Have you ever been licensed to practice medicine or dentistry?  YES  NO If yes, give details.

State(s) License Dates License Number(s) Name of Issuer of License(s)

State(s)	License Dates	License Number(s)	Name of Issuer of License(s)

16. 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 Licensed License Number(s) Date Terminated Reason For Termination

State	Date Licensed	License Number(s)	Date Terminated	Reason For Termination

17. (a) List any entities regulated by the GA Office of Commissioner of Insurance in which you control directly or indirectly or own legally or beneficially five (5) percent or more of the outstanding stock (in voting power):

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(b) Is any of the stock pledged or hypothecated in any way?  YES  NO If any of the stock is pledged or hypothecated in any way, give details

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18. List memberships in professional societies and associations:

19. Are you a citizen of any country other than the United States?  YES  NO If "Yes", what country? \_\_\_\_\_

**20. Have you ever:**

(a) Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public, administrative, or governmental licensing agency?  YES  NO

(b) Had any occupational, professional, or vocational license or permit you hold, or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  YES  NO

(c) Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  YES  NO

(d) Been charged with, or indicted for, any criminal offense(s) other than minor traffic offenses?  YES  NO

(e) Plead guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than minor traffic offenses?  YES  NO

(f) Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than minor traffic offenses?  YES  NO

(g) Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership, Rehabilitation, liquidation, or conservatorship proceeding, or any other similar proceeding?  YES  NO

(h) 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 or state law regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?  YES  NO

(i) Been within the last ten (10) years a party to or subject of any civil action or legal proceedings?  YES  NO

(j) Been convicted or had a sentence imposed or suspended or been pardoned for conviction of, or pleaded guilty or nolo contendere to an indictment charging any crime involving fraud, dishonesty or moral turpitude?  YES  NO

(k) Have you been the subject of any disciplinary proceedings of any federal or state regulatory agency, including, but not limited to, any taxing authorities?  YES  NO

If you answered "Yes" to any questions noted in question 20, you must provide full details (use additional pages, if necessary):

21. (a) For the purpose of this question, if you hold, or have held, any of the following positions with an entity, indicate below:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (1) Incorporator  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (2) Administrator   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (3) Organizer   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (4) Subscriber of a corporation   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (5) Subscriber to a reciprocal agreement of indemnity   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (6) Subscriber to a limited reciprocal  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (7) Director  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (8) Officer   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (9) Manager or operator   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (10) Trustee  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (11) Owner, if not a corporation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (12) Sole Proprietor  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (13) Joint venturer   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (14) Partner, including all general and limited partners of a limited partnership   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (15) Stockholder owning or holding five (5) percent or more of the outstanding stock of a stock corporation   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (16) Member of a non-stock corporation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (17) Person associated or to be associated with the formation or financing of an underwriting member of an Insurance Exchange in any state or country   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (18) Attorney in fact for a reciprocal insurer/company or a limited reciprocal insurer/company, if the attorney in fact is an individual  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (19) Any position listed in this subparagraph (a) held in an entity serving as attorney in fact for a reciprocal insurer/company or a limited reciprocal insurer/company, if the entity serving as attorney-in-fact is an individual. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (20) Any position listed in this subparagraph (a) held in an incorporated or unincorporated association.  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (21) Any other position where the affiant performs any duties similar to those duties performed by persons in the above mentioned positions.  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

21. (b) Has any **entity** while you were associated with that entity or within twelve (12) months after you left:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (1) Been refused a permit, license, or certificate of authority by any regulatory authority or governmental licensing agency?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (2) Had its permit, license, certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory or disciplinary action? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- (3) Been placed on probation or had a fine levied, against it or against its permit, license, or certificate of authority in any judicial, administrative, regulatory, or disciplinary action? YES NO
- (4) Been charged with, or indicted for, any criminal offense? YES NO
- (5) Plead guilty to, or nolo contendere to, or been convicted of any criminal offense? YES NO
- (6) Had an 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?  YES  NO
- (7) Been insolvent or impaired?  YES  NO
- (8) Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership rehabilitation, liquidation, or conservatorship proceeding, or any other similar proceeding?  YES  NO
- (9) Been enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, disciplinary action from violating any federal or state law regulating the business of insurance, securities, or banking, or from carrying out any particular practice or practices in the course of the business insurance, securities, or banking?  YES  NO
- (10) Been within the last ten (10) years a party to or subject of any civil action or legal proceeding?  YES  NO

If you answered "Yes" to any questions noted in question 21, you must provide full details (use additional pages, if necessary):

**ATTESTATION**

I, the undersigned affiant, under penalty of perjury, do hereby certify and declare that I have carefully examined this document in its entirety, and do solemnly swear, and affirm that all of my responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct to the best of my knowledge.

(Printed Name of Attestator)	(Position or Title of Attestator)	(Signature of Attestator)	Date

<b>NOTARY</b>	State of _____ County of _____	( Seal )
	Sworn to and Subscribed before Me this _____ day of _____, _____	
	Signature _____ My Commission Expires _____	