

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
TALLAHASSEE, FLORIDA 32399-0300
BIOGRAPHICAL STATEMENT AND AFFIDAVIT**

All questions on this form should be answered fully. If more space is needed, attach additional sheets. If a question is not applicable, please put "Not Applicable" or "N/A". Please print or type all answers.

QUESTIONS

1. (a) Full Name _____ (b) Maiden Name _____
(c) Date of Birth _____ (d) Place of Birth _____
(e) Social Security Number _____ (f) Occupation or Profession _____

2. Full name, address, and telephone number of the present or proposed entity for which this biographical statement is being required.

3. Type of entity (i.e. insurance company, health maintenance organization, premium finance company, CCRC, etc.):

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 and going backward, giving:

| Dates | Address | City, County, State | Telephone |
|-------|---------|---------------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. Education. Please list the most recent education first.

| (a) College/University | Dates Attended | Type of Degree Obtained |
|------------------------|----------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(b) Other Training

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7. (a) Business and employment record for past ten (10) years. Please list the most recent first. Include all director and officer positions held, including current position.

| Dates | Employer's Name | Address & Telephone | Offices/Positions Held |
|-------|-----------------|---------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(b) May present employer be contacted? Yes No

8. List all 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 Florida Department of Insurance or any other state? Yes No

(b) If "Yes", please list all such entities:

10. (a) Do you or members of your immediate family have or expect to 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.

11. (a) Have you ever used any other name or an alias? Yes No

(b) If "Yes", list all other names used and give full explanation.

12. (a) Have you ever been bonded? Yes No

- (b) If "Yes":
- 1. Were any claims ever made or attempted to be made against your bond? Yes No
 - 2. Has your bond ever been canceled or revoked? Yes No
 - 3. Has your application for bond been declined? Yes No
 - 4. If the response to 1, 2, or 3 is "Yes", please provide reasons.

13. (a) Have you ever been licensed as an insurance agent, broker, solicitor, adjuster, or claims investigator in Florida or any other state? Yes No

- (b) If "Yes":
- 1. State(s) _____
 - 2. Dates license(s) held _____
 - 3. License number(s) _____
 - 4. Name of issuer of license(s) _____

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14. (a) Have you ever been licensed to sell securities? Yes No

(b) If "Yes":

1. By whom (state[s] and/or federal) _____

2. Dates license(s) held _____

3. License number(s) _____

4. Name of issuer of license(s) _____

15. List any other occupational, professional, or vocational licenses you have ever held and identify the state(s), the dates license(s) held, type of license, and the license number(s). Identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.

16. List any entities regulated by the Office of Insurance Regulation in which you control directly or indirectly or own legally or beneficially ten (10) percent or more of the outstanding stock (in voting power).

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

17. List memberships in professional societies and associations: _____

18. (a) Are you a citizen of any country other than the United States? Yes No

If Yes, what country? _____

(b) Have you ever violated any of the U.S. Immigration and Naturalization laws? Yes No

19. (a) Have you ever:

(1) Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public, administrative, or governmental licensing agency? Yes No

(2) 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

(3) 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

(4) Been charged with, or indicted for, any criminal offense(s) other than minor traffic offenses(s)? Yes No

(5) Pled guilty, or nolo contendere, or been convicted, of any criminal offense(s) other than minor traffic offenses? Yes No

(6) 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

(7) Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership, rehabilitation, liquidation, or conservatorship proceeding, or any other similar proceeding? Yes No

(8) 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

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- (9) Been, within the last ten (10) years, a party to any civil action other than for minor traffic offenses? Yes No
- (10) Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provision of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? Yes No
- (11) Had a lien, judgment or foreclosure action filed against you or any entity while you were associated with that entity? Yes No

(b) If the response to any question in #19 above is answered "Yes", please provide full details including dates, locations, dispositions, etc. (Attach a copy of the complaint and final adjudication or settlement as appropriate.)

20. (a) For the purpose of this question, if you hold or have held any of the following positions with any entity whether regulated or not regulated by the Office of Insurance Regulation, please indicate below:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Incorporator or organizer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Administrator, manager or operator | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Subscriber of a corporation, reciprocal, or limited reciprocal | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Director, officer, or trustee | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Owner, if not a corporation, sole proprietor | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Partner, including all general and limited partners of a limited partnership, joint venturer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Stockholder owning or holding ten (10) percent or more of the outstanding stock of a stock corporation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Member of a non-stock corporation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Person associated or to be associated with the formation or financing of an underwriting member on an Insurance Exchange in any state or country | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Attorney-in-fact or attorney for a reciprocal insurer or a limited reciprocal insurer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Any position, other than one listed above, which you held in an insurance related entity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the response to any question in #20 (a) above is answered "yes", please provide full details.

20. (b) To your knowledge, 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? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, investigated, or subjected to any judicial, administrative, regulatory, or disciplinary action? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Been charged with, or indicted for, any criminal offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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- | | | | |
|--|------------------------------|--|-----------------------------|
| 5. Pled guilty to, or nolo contendere to, or been convicted of any criminal offense? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | | No <input type="checkbox"/> |
| 7. Been insolvent or impaired? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 8. Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership, rehabilitation, liquidation, or conservatorship proceeding, or any other similar proceeding? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 9. Been 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 business insurance, securities, or banking? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 10. Been within the last ten (10) years a party to any civil action? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |

If the response to any question above in # 20 (b) is answered "Yes", please provide full details below:

I HEREBY CERTIFY, under penalty of perjury, that the foregoing answers, statements, and information are true and correct to the best of my knowledge.

I, the undersigned affiant, under penalty of perjury, do declare that I have carefully examined each of the questions asked in this BIOGRAPHICAL STATEMENT AND AFFIDAVIT and each of my responses thereto, and do solemnly swear or affirm that all of my responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

(Typed Name)

(Signature)

(Date)

State of _____
County of _____

BEFORE ME this day personally appeared _____ (Typed name of Affiant) who, being duly sworn, deposes and says that he/she executed the above BIOGRAPHICAL STATEMENT AND AFFIDAVIT and that the answers, statements, and information contained in this statement are true and correct.

Sworn to and subscribed before me this ____ day of _____ 20__.

(Notary Seal) _____
Notary Public
My commission expires: _____

PLEASE DO NOT RETYPE THIS BIOGRAPHICAL FORM