Applicant Company Name:	<enter a="" applicant="" company="" for="" name="" single="" the=""></enter>	•
NAIC No.:	FEIN:	

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: <a>See UCAA FAQs for details> UCAA Type: <a>See UCAA FAQs for details> Other: <a>See UCAA FAQs for details>

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).

Applicant Company Name: <a> <a><th>int Company Name</th><th>for a Single Co</th><th>mpany></th>	int Company Name	for a Single Co	mpany>
Address: < Enter Applicant Company Addre			
State/Province: < Enter Applicant Company State/Pr	ovince> Postal Code:	inter App. Co. Zip/Postal Code>	Phone: <pre></pre>
In connection with the above-named entity, I he hereinafter set forth. (Attach addendum or separat ANSWER IS "NO" OR "NONE," SO STATE. COULD DELAY THE APPLICATION PROCESS	te sheet if space hereon ALL FIELDS MUST	n is insufficient to HAVE A RESPOR	answer any question fully.) IF NSE. INCOMPLETE FORMS
1. Affiant's Full Name (Initials Not Acceptable): F	⁷ irst:I	Middle:	Last:
 2. a. Are you a citizen of the United States? Yes No b. Are you a citizen of any other country? Yes No If yes, what country? 3. Affiant's occupation or profession: 			
4. Affiant's business address:			
Business telephone:	Business Em	ail:	
5. Education and training: <u>College/University</u> <u>City/State</u>		Dates Attended (MM/YY)	Degree Obtained
Graduate Studies College/University	<u>City/State</u>	Dates Attended (MM/YY)	<u>Degree</u> Obtained
Other Training: Name City/State	Dates Attended (MM	I/YY)	Degree/Certification Obtained

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

1

Applicant Company Na				
NAIC No.:			FEIN:	
6. List of membership	s in professional soc	ieties and associations	:	
<u>Name of</u> Society/Association	Cont	act Name	<u>Address of</u> <u>Society/Association</u>	<u>Telephone Number</u> of Society/Association
7. Present or proposed	position with the A	pplicant Company:		
present jobs, positi Please list the most telephone numbers the third-party verif Beginning/Ending	ons, partnerships, or recent first. Attach a and supervisory info ication process for in	wher of an entity, add additional pages if the primation for the past te international employers		, directorates or officerships) It is only necessary to provide nation may be required during
Address:		_ City:	State/Province	2:
Country:	Postal Code:	Phone:	Offices/Positions I	Held:
Type of Business:		Supervise	or/Contact:	
Beginning/Ending Dates (MM/YY):	E	mployer's Name:		
Address:		_ City:	State/Province	2:
Country:	Postal Code:	Phone:	Offices/Positions H	Ield:
Type of Business:		Supervise	or/Contact:	
Beginning/Ending Dates (MM/YY):	Е	mployer's Name:		
Address:		_ City:	State/Province	:
Country:	Postal Code:	Phone:	Offices/Positions H	leld:
Type of Business:		Supervise	or/Contact:	
Beginning/Ending Dates (MM/YY):	Е	mployer's Name:		
Address:		_City:	State/Province	:
Country:	Postal Code:	Phone:	Offices/Positions H	leld:
Type of Business:		Supervise	or/Contact:	

Applicant Company Name: < Enter the Applicant Company Name for a Single Company>				
NAIC No.:	FEIN:			

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

ſes		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?

Yes	No		
If yes, give details:		 	

10. 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. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of Lic	ense:	Address:	
City:	_ State/Province:	Country:	Postal Code:
License Type:	License #:	Date Is	ssued (MM/YY):
Date Expired (MM/YY):	Reason for Term	nination:	
Non-Insurance Regulatory	Phone Number (if known):		
Organization/Issuer of Lic	ense:	Address:	
City:	_ State/Province:	Country:	Postal Code:
License Type:	License #:	Date Is	ssued (MM/YY):
Date Expired (MM/YY):	Reason for Tern	nination:	
Non-Insurance Regulatory	Phone Number (if known):		

- 11. 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?

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?

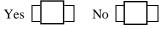


d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

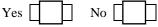


e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

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?



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?



h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes		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?

Yes		No		

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

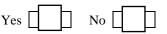
- I		-		
Yes			No	
	_			

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. 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.

13. 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 yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

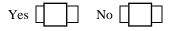
14. Have you ever been adjudged a bankrupt?

Yes	No [
-----	------

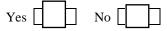
If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) 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 employed at the holding company level provide the group code.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?



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)?



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?

Yes	No	
-----	----	--

If the answer to any of the above is 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.

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	day of	20	at	I hereby certify
under penalty of perjury that I	am acting on my own be	half and that	the foregoing statements	are true and correct to the best
of my knowledge and belief.				

____ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of:	County of:	
The foregoing instrument was acknown	wledged before me by means of physical presence or online notarization, th	nis
day of, 20 b	y, and: who is personally known to me, or who	
produced the following identificatio		

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: <a>See UCAA FAQs for details> UCAA Type: <a>See UCAA FAQs for details> Other: <a>See UCAA FAQs for details>

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).

Applicant Company Name: <a>	pany Name for a Single	Company>
Address: <a> <a><!--</th--><th>_{City:}<enter a<="" th=""><th>pplicant Company City></th></enter></th>	_{City:} <enter a<="" th=""><th>pplicant Company City></th></enter>	pplicant Company City>
State/Province: <a "none,"="" all="" fii<br="" href="https://www.state/Provinces-comparison-
comparison-compari</td><td></td><td></td></tr><tr><td>1. Affiant's Full Name (Initials Not Acceptable): First:</td><td>Middle:</td><td>Last:</td></tr><tr><td>IF ANSWER IS " no"="" or="" so="" state.="">COULD DELAY THE APPLICATION PROCESS or RESUL		
2. Have you ever used any other name, including first, mide	lle or last name, nickname, ma	aiden name or aliases?
Yes No		
If yes, give the reason if any, if NONE indicate such, and pro-	vide the full name(s) and date((s) used.
Beginning/Ending Name(s) Date(s) Used (MM/YY) Specify: First, Middle or Last		NONE, indicate such)
Note: Dates provided in response to this question may be a overlap of dates when transitioning from or Identification Number and/or attach foreign diplot Personal Supplemental Information.	ne name to another. If applic	able, provide the foreign student
3. Affiant's Social Security Number:		
4. Government Identification Number if not a U.S. Citizen:		
Government ID Number:	Country of Issuance:	
5. Foreign Student ID# (if applicable) :		

Ар	plicant Company Na IC No :	me: <pre></pre>	licant Company Nam	e for a Single Company> FEIN:		
6.				ace of Birth, City:		
	State/Province:		Co	ountry:		
7.	Name of Affiant's	Spouse (if applicat	ole):			
8.	List your residence	s for the last ten (1	0) years starting w	ith your current addres	s, giving:	
Beg	ginning/Ending			State/		
	tes (MM/YY)	Address	<u>City</u>	Province	<u>Country</u>	Postal Code
the	understand tha ted and signed this _ tify under penalty of best of my knowled	t there could be an day of f perjury that I am ge and belief.	overlap of dates w , 20 acting on my own	approximate, except fo /hen transitioning from at h behalf and that the fo e additional information	one address to anothe	r I hereby e true and correct to
	(Si	gnature of Affiant))	_		
Sta	te of:	Coun	ty of:			
				neans of physical ; , and: who is pe		

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of

[company name]("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact

[company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

	(Printed Full N	e and Residence Address)
	Signature)	(Date)
State of:	County of:	
	•	means of physical presence or online notarization, this , and: who is personally known to me, or who
produced the following	g identification:	·
[SEAL]		Notary Public
		Printed Notary Name
		My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of [company name]("Company") for licensure or a permit to organize ("Application") with a

department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to ______ [company's designated

person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

	(Prin	Il Name and Residence Address)
(Signature)	(Date)
State of:	County of:	
The foregoing instrum	ent was acknowledged be	me by means of physical presence or online notarization, this
day of	, 20 by	, and: who is personally known to me, or who
produced the following	g identification:	
[SEAL]		Notary Public
		Printed Notary Name
		My Commission Expires
		Revised 12/08/2020

FORM 11

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)

This Disclosure and Authorization is provided to you in connection with a pending application of [company name]("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through [name of CRA, address]("CRA"). Background Reports requested

pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to ______ [company's designated person,

position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name	e and Residence Address)
(Signature)	(Date)
State of: County of	
The foregoing instrument was acknowledged before me by means, 20 by, and: who identification:	of physical presence or online notarization, this day of is personally known to me, or who produced the following
[SEAL]	Notary Public
	Printed Notary Name
	My Commission Expires
	Revised 12/08/2020

FORM 11

Applicant Company Name:	<enter a="" applicant="" company="" for="" name="" single="" the=""></enter>
NAIC No.:	FEIN:

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name:	<enter a="" applicant="" company="" for="" name="" single="" the=""></enter>
NAIC No.:	FEIN:

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name:	<enter a="" applicant="" company="" for="" name="" single="" the=""></enter>
NAIC No.:	FEIN:

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.