Applicant Company Name:	
NAIC No.:	FEIN:
affidavit question 6. Responses must be o	ns Addendum pages are used for additional responses carried over from the biographical completed in the format provided below (unused sections may be left blank). The Professional ges must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional
List of memberships in professional socie	ties and associations:
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/	
Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/	
Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Affiant Signature:Page of	Date: