



JANICE K. BREWER
 Governor

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CHRISTINA URIAS
 Director of Insurance

ARIZONA BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name and Address of Company _____
 (Do Not Use Group Names) _____

In connection with the above-named organization, 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 reason for change: _____

b. Other names used at any time: _____

3. Affiant's Social Security Number: _____

4. Date and Place of Birth: _____

5. Affiant's Business Address: _____
 Affiant's Business Telephone: _____

6. List your residences for the last ten (10) **years starting with your current address**, giving:

<u>DATES</u>	<u>ADDRESS</u>	<u>CITY, STATE AND ZIP CODE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List Membership in Professional Societies and Associations: _____

8. Education: Dates, Names, Locations and Degrees.
 College : _____
 Graduate Studies : _____
 Others : _____

9. Present or Proposed Position with the Applicant Company: _____

10. List complete employment record (up to and including present jobs, positions, directorates or officership) for the past twenty (20) years, **starting with present positions**:

<u>DATES</u>	<u>EMPLOYER AND COMPLETE ADDRESS INCLUDING ZIP CODE</u>	<u>TITLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Present employer may be contacted: Yes ___ No ___
 Former employers may be contacted: Yes ___ No ___
 If "No", state reason(s): _____

12. a. Have you ever been in a position which imposed a fidelity bond? Yes ___ No ___
 If yes, name the insuring company and/or place of employment: _____
 a.1. 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? Yes ___ No ___
 b.1. If yes, attach a complete statement describing the details.

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- 13. List any professional, occupational or vocational licenses issued by any public or governmental licensing agent or regulatory authority which you presently hold or have held in the past.
14. During the past ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental agency or regulatory authority, or has any such license held by you ever been suspended or revoked?
15. Are there any insurers in which you control directly or indirectly or own legally or beneficially one percent (1%) or more of the outstanding stock (in voting power)?
16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant organization or its affiliates?
17. Have you ever been adjudged and/or designated a bankrupt and/or debtor by the Federal Bankruptcy Court as provided by the Bankruptcy Act (as amended by the Bankruptcy Reform Act of 1978 and the Bankruptcy Amendments and Federal Judgeship Act of 1984)?
18. Have you ever been convicted, served a criminal summons, questioned, arrested, taken into custody, indicted, charged with, tried for or ever been the subject of an investigation concerning the violation of any felony or misdemeanor, or are any charges now pending against you?
19. a. Have you ever been subject to any disciplinary proceedings of any federal or state regulatory agency? b. Has any company been so charged as a result of any action or conduct on your part?
20. Have you ever been a management consultant, administrator, officer, director, trustee, investment committee member, key employee or controlling stockholder of any company or company affiliate which became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?
21. Has the Certificate of Authority or license to do business of any insurance company or insurance related company of which you were a management consultant, administrator, officer, director or key management person ever been suspended or revoked while you occupied such a position?

Dated and signed this ___ day of ___, ___ at ___. I hereby certify under penalty of perjury that I am acting on my own behalf, and the foregoing statements are true and correct to be best of my knowledge and belief.

State of: ___
County of: ___

(Signature of Affiant)

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 ___, ___.

Notary Public

(SEAL)

Commission expires: ___