Applicant Company Name:	<enter applicant="" c<="" th="" the=""><th>Company Name for a</th><th>a Single Company></th></enter>	Company Name for a	a Single Company>
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: <See UCAA FAQs for details> UCAA Type: _<See UCAA FAQs for details> Other: <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 Nar	ne: <pre></pre> <pre></pre> <pre></pre> <pre>ne:</pre>	nt Company Name f	or a Single Com	ipany>
Address: <a>Enter Appl	icant Company Addres	SS>C	ity: <enter appli<="" th=""><th>cant Company City></th></enter>	cant Company City>
State/Province: < <u>Enter A</u>	pplicant Company State/Pro	ovince> Postal Code:	ter App. Co. Zip/Postal Code>]	Phone: < Enter App. Co. Phone>
hereinafter set forth. (A ANSWER IS "NO" OI	ttach addendum or separat	e sheet if space hereon ALL FIELDS MUST I	is insufficient to HAVE A RESPON	information about myself as answer any question fully.) IF NSE. INCOMPLETE FORMS PLICATION.
1. Affiant's Full Name	(Initials Not Acceptable): Fi	irst:N	/iddle:	_Last:
Yes				
	or profession:			
-	dress:			
-		Business Emai	11:	
5. Education and trainin College/University	g: <u>City/State</u>		Dates Attended (MM/YY)	Degree Obtained
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Other Training: Name	City/State	Dates Attended (MM/	<u>(YY)</u>	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.

	Name: <enter applicant<="" th="" the=""><th></th><th>a Single Company> FEIN:</th><th></th></enter>		a Single Company> FEIN:	
6. List of membershi	ps in professional societi	es and associations	:	
<u>Name of</u> Society/Association	<u>Contact</u>	<u>Name</u>	<u>Address of</u> <u>Society/Association</u>	Telephone Number of Society/Association
7. Present or propose	d position with the Appli	icant Company:		
present jobs, posit Please list the mos telephone numbers the third-party veri Beginning/Ending	ions, partnerships, owne t recent first. Attach addi and supervisory informa- fication process for inter	er of an entity, adr tional pages if the ation for the past te national employers		, directorates or officerships) It is only necessary to provide nation may be required during
			State/Province	
-			Offices/Positions Ho	
Type of Business:		Superviso	or/Contact:	
Beginning/Ending Dates (MM/YY):	Empl	oyer's Name:		
Address:	Ci	ty:	State/Province	:
Country:	Postal Code:	Phone:	Offices/Positions H	eld:
Type of Business:		Supervise	or/Contact:	
Beginning/Ending Dates (MM/YY):	Empl	oyer's Name:		
Address:	Ci	ty:	State/Province	:
Country:	Postal Code:	Phone:	Offices/Positions He	eld:
Type of Business:		Superviso	or/Contact:	
Beginning/Ending Dates (MM/YY):	Empl	oyer's Name:		
Address:	Ci	ty:	State/Province	:
		-1		11
Country:	Postal Code:	Phone:	Offices/Positions He	eld:

9. a. Have you ever been in a position which required a fidelity bond?
Yes 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 governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license num is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional page the space provided is insufficient.
Organization/Issuer of License:Address:
City: Country: Postal Code:
License Type:Date Issued (MM/YY):
Date Expired (MM/YY):Reason for Termination:
Non-Insurance Regulatory Phone Number (if known):
Organization/Issuer of License:Address:
City: Country: Postal Code:
License Type: Date Issued (MM/YY):
Date Expired (MM/YY):Reason for Termination:
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:
 Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any pub 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?

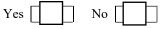


d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?



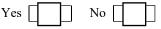
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

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?



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?

es 🗍 📄 No 🗍

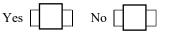
Y

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	Г	Ъ
1 00	110	4	

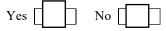
If yes, provide details:_____

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	d		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 I	ny own behalf and	that the foregoing	g 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.

(Sig	gnature of Affiant)	
State of:	County of:	
The foregoing instru	ument was acknowledged be	efore me by means of physical presence or online notarization, this
day of	, 20by	, and: who is personally known to me, or who
produced the follow	ving identification:	<u>.</u> .

[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: <See UCAA FAQs for details> UCAA Type: <See UCAA FAQs for details> Other: <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: <enter applicant="" comp<="" th="" the=""><th>pany Name for a Single Company></th></enter>	pany Name for a Single Company>
Address: <pre></pre> <pre><td></td></pre>	
State/Province: <a href="https://www.state/Provinces-comparison-comparis</td><td>ostal Code: Enter App. Co. Phone: Enter App. Co.	
1. Affiant's Full Name (Initials Not Acceptable): First:	Middle:Last:
IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIEL COULD DELAY THE APPLICATION PROCESS or RESU	
2. Have you ever used any other name, including first, midd	lle or last name, nickname, maiden name or aliases?
Yes No	
If yes, give the reason if any, if NONE indicate such, and prov	vide the full name(s) and date(s) used.
Beginning/EndingName(s)Date(s) Used (MM/YY)Specify: First, Middle or Last	<u>Reason (If NONE, indicate such)</u> at Name
be an overlap of dates when transitioning from or	pproximate. Parties using this form understand that there could ne name to another. If applicable, provide the foreign student ma or certificate of attendance to the Biographical Affidavit
·	
4. Government Identification Number if not a U.S. Citizen:	
Government ID Number:	Country of Issuance:
5. Foreign Student ID# (if applicable):	

Applicant Company Nar NAIC No.:	ne: <enter appl<="" th="" the=""><th>icant Company Nam</th><th>e for a Single Company> FEIN:</th><th></th><th></th></enter>	icant Company Nam	e for a Single Company> FEIN:		
6. Date of Birth: (MM/	/DD/YY) :	P	lace of Birth, City:		
State/Province:		C	ountry:		
7. Name of Affiant's S	pouse (if applicat	ole):			
8. List your residences	for the last ten (1	0) years starting v	vith your current addres	s, giving:	
Beginning/Ending Dates (MM/YY)	Address	<u>City</u>	State/ Province	<u>Country</u>	Postal Code
	there could be an	overlap of dates v	approximate, except for when transitioning from	one address to another	r.
certify under penalty of the best of my knowledg	perjury that I am e and belief.	acting on my ow	n behalf and that the fo	pregoing statements are	e true and correct to
I hereby acknowledg	ge that I may be c	ontacted to provid	le additional information	n regarding internation	alsearches.
(Sig	nature of Affiant)				
State of:	Count	ty of:			
The foregoing instrumen	t was acknowledg	ged before me by	means of physical j	presence or 🗌 online	e notarization, this
day of	, 20	_by	, and: who is pe	rsonally known to me	, or who
produced the following i	dentification:		·		
[SEAL]			_	Notary Pr	ublic

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."

 (\mathbf{D}^{\prime}) $(\mathbf{1}\mathbf{E}^{\prime})$

690-144.002

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.

10 1

A 11

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

	(Printed Full P	ime and Residence Address)
(Si	gnature)	(Date)
State of:	County of:	
	nt was acknowledged before me	
day of	, 20by	, and: who is personally known to me, or who
produced the following i	identification:	
[SEAL]		Notary Public
		Printed Notary Name
		My Commission Expires
OIR-C1-1423		9 Revised 12/08/2020
Rev.: 9/21		FORM 11

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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.

	(Printed Full N	ame and Residence Add	ress)
(5	Signature)		(Date)
State of:	County of:		
The foregoing instrume	ent was acknowledged before me	by means of Dphys	sical presence or online notarization, this
day of	, 20by	, and: \Box who	is personally known to me, or 🗌 who
produced the following	identification:		
[SEAL]			Notary Public
			Printed Notary Name
			My Commission Expires
OIR-C1-1423		10	Revised 12/08/2020
Rev.: 09/21		10	FORM 11

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Rule: 69O-136.100, 69O-144.002

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.

(Prin	ed Full Name and Residence Address)
(Signature)	(Date)
State of:County of	
	he by means of physical presence or online notarization, this day of d: who is personally known to me, or who produced the following
[SEAL]	Notary Public
	Printed Notary Name
	My Commission Expires
OIR-C1-1423 Rev.: 09/21	11 Revised 12/08/2020 FORM 11
Rule: 69O-136.100, 69O-144.002	© 2021 National Association of Insurance Commissioners

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:

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