

**PENNSYLVANIA INSURANCE DEPARTMENT
BIOGRAPHICAL AFFIDAVIT**

(Print or Type)

| | | |
|--|----------------------|--------------|
| Full Name and Address of Company (Do not use Group Names). | | |
| In connection with the above-named company, 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? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If yes, give the reason for the change: | | |
| b. Other names used at any time. | | |
| 3. List your residences for the last ten (10) years starting with your current address, giving: | | |
| Date (MM/YY) | Address | City & State |
| - | | |
| - | | |
| - | | |
| - | | |
| - | | |
| 4. Date and Place of Birth. | | |
| | (date - mm/dd/yyyy) | (place) |
| 5. Affiant's Business Address. | | |
| Business Telephone. | | |
| 6. Affiant's Social Security Number. | | |
| 7. Education: Dates, Names, Locations and Degrees. | | |
| College | | |
| Graduate Studies | | |
| Others | | |
| 8. Present or Proposed Position with the Applicant Company. | | |
| 9. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving: | | |
| Dates (MM/YY) | Employer and Address | Title |
| - | | |
| - | | |
| - | | |
| - | | |
| - | | |
| 10. Present employer may be contacted. Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| | | | |
|--|--|--|--|
| Former employers may be contacted. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | a. | Have you ever been in a position which required a fidelity bond? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, give details. | | | |
| 12. | List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination). | | |
| 13. | During the last ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If yes, give details. | | | |
| 14. | Have you ever been adjudged a bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/> / If Yes, give details separately. | | |
| 15. | a. | Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, give details. | | | |
| | b. | Has any company been so charged, allegedly as a result of any action or conduct on your part? | Yes <input type="checkbox"/> No <input type="checkbox"/> / If Yes, give details separately. |
| 16. | Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? Yes <input type="checkbox"/> No <input type="checkbox"/> / If Yes, give details separately. | | |
| 17. | Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? Yes <input type="checkbox"/> No <input type="checkbox"/> / If Yes, give details separately. | | |

SECTIONS 18 TO 23 APPLY ONLY TO OFFICE MANAGERS

To qualify for the position of Office Manager of an Insurance Premium finance Company, the minimum experience requirement is one year as a full time employee in such business.

PLEASE ANSWER THE FOLLOWING QUESTIONS "YES" OR "NO"

| | |
|-----|--|
| 18. | Is this position full time? Yes <input type="checkbox"/> No <input type="checkbox"/> (Part time office managers are not acceptable) |
| 19. | Do you accept full responsibility for the proper conduct of the business of the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 20. | Will you, in the discharge of your duties as office manager, conduct business in compliance with applicable statutes and regulations governing Insurance Premium Finance Companies? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. | Have you ever been prohibited by any State or Federal authority from becoming an employee of or continuing employment in any organization subject to State or Federal supervision? Yes <input type="checkbox"/> No <input type="checkbox"/> / If Yes, please explain separately. |
| 22. | Have you ever been "short" in your accounts, participated in making fraudulent or illegal loans, embezzled or misappropriated funds or misstated records of any employer? Yes <input type="checkbox"/> No <input type="checkbox"/> / If Yes, please explain separately. |
| 23. | Letter of references from all employers during the most recent five year period must accompany this affidavit when filed by office managers. These letters must be originals, addressed to the Pennsylvania Insurance Department, and indicate the character, reputation and integrity of the office manager. Dates of employment and reasons for termination should be included. If the office manager is unable to obtain such letters, a full explanation must be provided. |

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

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me at 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 _____, 20_____.

(Notary Public)

(SEAL)

My Commission Expires _____