



STATEMENT OF EDUCATION, PRIOR OCCUPATION, BUSINESS EXPERIENCE, AND SUPPLEMENTARY INFORMATION

STATE OF _____ :
COUNTY OF _____ :

The undersigned, being first duly sworn upon oath deposes and says:

1. The affiant's full name is (initials not acceptable):
2. Name of insurance company:
3. The affiant's official title and principal duties with the insurance company are or will be:
4. The affiant's business address is:

Telephone: _____

5. The affiant's residence address is:

Telephone: _____

6. The affiant's age is: _____ Birthplace: _____
Sex: _____ Birthdate: _____
Social Security No.: _____

7. The affiant was never known by any other name(s) other than that shown above, except as follows (state such other name(s), when used, reason for change, and date of adoption of present name):
8. The affiant will subscribe to or owns, beneficially or of record, the following amount of shares of stock of the insurance company and the consideration given for same:
9. The affiant states that his or her capital investment in the insurance company was not obtained from borrowed funds, except as follows:

10. The nature and tenure of each occupation or employment of the affiant for the last ten years prior to the date of this statement is as follows (present a continuous schedule, including time spent at educational institutions, and period of employment):

Beginning Date	Name and Address of Employer of School	Business Capacity or Title	Termination Date	Reasons for Termination

11. The affiant's educational history is as follows (include all schools attended of the college or graduate level):

Name and Address of Institution	Course	Attendance No. Years/Dates	Degree Received	Date of Degree

12. The affiant has never been convicted of a felony, except as follows:
13. The affiant has never been named in a criminal or civil action in which fraud was an issue, except as follows:
14. The affiant is not an officer or director and has no other relationship with any other insurer which has the effect of lessening competition substantially or in which such insurers have material adverse interests except as follows:

Subscribed and sworn before me, a
Notary Public, this _____ day
of _____, _____.

(SEAL)

My commission expires: _____

(Signature of Affiant)

Notary Public