

# AUTHORIZED REINSURER

## APPLICATION AND INFORMATION



MISSOURI DEPARTMENT OF INSURANCE



## INTRODUCTION

All companies licensed to transact insurance business in the State of Missouri under Chapter 376 or 379 are authorized reinsurers. Other reinsurers may choose to secure the reinsurance credit or become authorized as outlined below. Security for reinsurance credits to unauthorized reinsurers must meet the standards in Chapter 375.246-2. The security must be cash, SVO rated securities or a letter of credit meeting standards set out in this section. The security must be in place as of the annual statement date and continuously throughout the period of the contract. Any reinsurance credits taken which are not secured and are not ceded to any authorized reinsurer will be disallowed.

**TO BE APPROVED AS AN AUTHORIZED REINSURER IN MISSOURI, THE COMPANY MUST BECOME AN ACCREDITED REINSURER OR A QUALIFIED REINSURER.**

When an application package is received in our office, it is reviewed by a Financial Analyst. On the following pages we have tried to explain the item or items that are required when reviewing new admissions. Hopefully, this will assist your company in understanding Missouri's reinsurance admission process and help to expedite the application once it is received in this office. A preliminary review of a new accredited or new qualified reinsurers package is conducted in the Examination Section. It is our responsibility to review all exhibits, forms, financial requirements and the financial condition of the company.

Please make sure all forms are completed in full with original signatures and the company's corporate seal is affixed where required.

An application which does not include all of the information required will be returned to the applicant.

The fee for issuance of a Certificate of Approval as an Accredited Reinsurer or Qualified Reinsurer is \$160.00.

### **TO BE AN ACCREDITED REINSURER**

To be an Accredited Reinsurer, the company must meet one of the following:

- 1) Maintains a surplus as regards policyholders in an amount which is not less than twenty million dollars and whose accreditation has not been denied by the Director within ninety days of its submission; or
- 2) Maintains a surplus as regards policyholders in an amount less than twenty million dollars and whose accreditation has been approved by the Director;
- 3) Provided, however, that the requirements in subparagraphs 1 and 2 of this paragraph do not apply to reinsurance ceded and assumed pursuant to pooling arrangements among insurers in the same holding company system.
- 4) Is licensed to transact business or reinsurance in at least one state, or in the case of a United States branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state.

In order to fully evaluate the company's application, please submit the following items, **in addition to all exhibits required.**

- 1) Narrative description of the history of the company.
- 2) Explanation of any unique assets, liabilities or operating aspects of the company.
- 3) Quarterly financial statements as they become available.
- 4) Provide a summary of the company's reinsurance program AND financial information and/or annual statements on major reinsurers of the company must be provided, if the credit taken for ceded reinsurance is greater than 20% of the insurer's surplus.
- 5) If applicant is presently engaged in a controversy with any state or federal regulatory agency OR in any formal or informal hearings, please provide information.
- 6) Please provide a rating agency report from the last 5 years from 2 nationally recognized rating services. (If ratings are unavailable for any year of the 5 year period, this shall also need to be disclosed and explained.)

**EXHIBITS REQUIRED FOR APPLICATION FOR ACCREDITED REINSURER STATUS IN MISSOURI**

- EXHIBIT "A"** Application for Certificate of Authority (form enclosed);
- EXHIBIT "B"** AR-1 form (form enclosed);
- EXHIBIT "C"** Copy of Articles of Incorporation or Association as amended, duly certified by the proper officer of the state under whose laws company is organized or incorporated;
- EXHIBIT "D"** Copy of company's Bylaws, certified by company's Secretary;
- EXHIBIT "E"** Certified copy of a letter or a Certificate of Authority or of Compliance as evidence that the company is licensed to transact insurance or reinsurance in at least one state or, in the case of a United States branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state.
- EXHIBIT "F"** Appointment of Missouri Director of Insurance as attorney to accept service of legal process in Missouri (form enclosed);
- EXHIBIT "G"** Copy of most recent annual statement of company on standard form prescribed by National Association of Insurance Commissioners in a 9 x 14 size with an actuarial certification and Management Discussion and Analysis.
- EXHIBIT "H"** Currently dated audited CPA report.
- EXHIBIT "I"** A biographical sketch of the directors and officers of the company listed in annual statement; must contain original signatures (form enclosed);
- EXHIBIT "J"** Copy of registration statement of holding company, if company is a member of a holding company system.
- EXHIBIT "K"** Latest Quarterly Financial Statement

**TO BE A QUALIFIED REINSURER**

In order to apply as a qualified reinsurer, you must be domiciled in a state which has a statute substantially similar to Chapter 375.246 which is the NAIC Model "Credit for Reinsurance Act". These are the states, as of April 1, 1994 which have passed the statute.

|                      |               |               |                |               |
|----------------------|---------------|---------------|----------------|---------------|
| Alabama              | Georgia       | Minnesota     | North Carolina | Tennessee     |
| Alaska               | Hawaii        | Mississippi   | North Dakota   | Texas         |
| Arizona              | Idaho         | Missouri      | Ohio           | Utah          |
| Arkansas             | Illinois      | Montana       | Oklahoma       | Vermont       |
| California           | Iowa          | Nebraska      | Oregon         | Virginia      |
| colorado             | Kentucky      | New Hampshire | Pennsylvania   | West Virginia |
| Connecticut          | Louisiana     | New Jersey    | Rhode Island   | Wisconsin     |
| Delaware             | Maine         | New Mexico    | South Carolina | Wyoming       |
| District of Columbia | Massachusetts | New York      | South Dakota   |               |

If you are from one of these states, you must file the following exhibits to receive approval as a Qualified Reinsurer:

**EXHIBIT "A"** Application for Certificate of Authorized Reinsurer (form enclosed);

**EXHIBIT "B"** AR-2 form (form enclosed);

**EXHIBIT "C"** Certified copy of a letter or a Certificate of Authority or of Compliance as evidence that the company is licensed to transact insurance or reinsurance in at least one state or, in the case of a United States branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state.

**EXHIBIT "D"** Appointment of Missouri Director of Insurance as attorney to accept service of legal process in Missouri (form enclosed);

**EXHIBIT "E"** Copy of most recent annual statement of company on standard form prescribed by National Association of Insurance Commissioners in a 9 x 14 size with an actuarial certification and Management Discussion and Analysis.

**EXHIBIT "F"** Latest Quarterly Financial Statement

If you have any questions in regards to the admissions process or would like information while the application is pending, you may contact Cindy Monroe at 573/751-4362.

Please send the completed application package to the attention of Cindy Monroe, Missouri Department of Insurance, 301 W. High Street, P.O. Box 690, Jefferson City, Missouri 65102.

Once a company has received approval to be accredited or qualified, they must make an annual filing to keep this status current. The company must submit to this office by March 1 of each year a certified copy of its annual statement. The annual statement should include an actuarial certification and management discussion and analysis, along with a filing fee of \$250.00. Prior to July 1 of each year an audited financial statement must be filed, including a qualifications letter and internal control letter. Also, quarterly financial statements are to be filed 45 days after the close of each quarter.



**APPLICATION FOR APPROVAL AS AN AUTHORIZED REINSURER**

**INSTRUCTIONS**

This application is to be completed by all insurance companies/associations who wish to transact business in the State of Missouri as an authorized reinsurer.

**PART 1** Indicate by check mark the appropriate type of application (and if applicable, the calendar year requested).

**PART 2** Complete all identifying data as indicated.

**PART 3** Check the types and lines of business requested on the schedule.

**PART 4** Check the category which applies to your current business.

**PART 5** After all previous sections have been completed, the authorized company official must sign in the space indicated.

**PART 1 - TYPE OF APPLICATION**

NEW       AMENDED       RENEWAL      FOR YEAR ENDING \_\_\_\_\_  
(YEAR)

**PART 2 - IDENTIFYING DATA**

NAME (FULL NAME OF INSURER)

HOME ADDRESS    STREET

|      |       |         |
|------|-------|---------|
| CITY | STATE | ZIP + 4 |
|------|-------|---------|

MAIL ADDRESS    STREET OR P.O. BOX

|      |       |         |
|------|-------|---------|
| CITY | STATE | ZIP + 4 |
|------|-------|---------|

**PART 3 - KIND OF REINSURER**

- Accredited Reinsurer (Chapter 375.246-1-(2))
- Qualified Reinsurer (Chapter 375.246-1-(3))

**PART 4 - CURRENT BUSINESS**

- Currently licensed to transact insurance or reinsurance business in the State of \_\_\_\_\_ .
- Alien Company which has United States branch licensed to transact insurance business in the State of \_\_\_\_\_ .

**PART 5 - AUTHORIZED OFFICER SIGNATURE**

|      |                 |
|------|-----------------|
| DATE | NAME OF OFFICER |
|------|-----------------|

TITLE OF OFFICER



STATE OF MISSOURI  
 DEPARTMENT OF INSURANCE  
**CERTIFICATE OF ASSUMING INSURER**

I, \_\_\_\_\_ , \_\_\_\_\_ ,  
(NAME OF OFFICER) (TITLE OF OFFICER)

of \_\_\_\_\_ , the assuming insurer under a  
(NAME OF ASSUMING INSURER)

reinsurance agreement(s) with one or more insurers domiciled in Missouri, hereby certify that

\_\_\_\_\_  
(NAME OF ASSUMING INSURER)

**(Assuming Insurer):**

1. Submits to the jurisdiction of any court of competent jurisdiction in Missouri for the adjudication of any issues arising out of the reinsurance agreement(s), agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement(s) to arbitrate their disputes if such an obligation is created in the agreement(s).
2. Designates the insurance director of Missouri as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement(s) instituted by or on behalf of the ceding insurer.
3. Submits to the authority of the insurance director of Missouri to examine its books and records and agrees to bear the expense of any such examination.
4. Submits with this form a current list of insurers domiciled in Missouri reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list of the insurance director at least once per calendar quarter.

|                          |                  |
|--------------------------|------------------|
| NAME OF OFFICER          | TITLE OF OFFICER |
| NAME OF ASSUMING INSURER | DATE             |



STATE OF MISSOURI  
 DEPARTMENT OF INSURANCE  
**CERTIFICATE OF ASSUMING INSURER**

I, \_\_\_\_\_ ,  
(NAME OF OFFICER) (TITLE OF OFFICER)

of \_\_\_\_\_ , the assuming insurer under a  
(NAME OF ASSUMING INSURER)

reinsurance agreement(s) with one or more insurers domiciled in Missouri, hereby certify that

\_\_\_\_\_  
(NAME OF ASSUMING INSURER)

1. Submits to the authority of the insurance director of Missouri to examine its books and records and agrees to bear the expense of any such examination.
2. Submits a Certified Copy of the Certificate of Authority for the State of \_\_\_\_\_ , the state of domicile.
3. Agrees to submit the most recent annual statement with this application and to the Missouri Department of Insurance each year by the guidelines contained in 20 CSR 200-1.030.
4. Acknowledges that their state of domicile has adopted credit for reinsurance legislation substantially similar to the State of Missouri (NAIC Model Act).
5. Certifies that its reinsurance agreements with Missouri domestic companies contain a provision pursuant to section 375.246.1(5)(a), RSMo, whereby "in the event of the failure of the assuming insurer to perform its obligations under the terms of the reinsurance agreement, the assuming insurer, at the request of the ceding insurer shall submit to the jurisdiction of the courts of this state, will comply with all requirements necessary to give such courts jurisdiction, and abide by the final decisions of such courts or of any appellate courts in this state in the event of an appeal."

SIGNATURE OF OFFICER

DATE



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE

**APPOINTMENT OF DIRECTOR TO ACKNOWLEDGE OR RECEIVE SERVICE OF PROCESS**

*Know All Men by These Presents:*

THAT WHEREAS, the \_\_\_\_\_

a corporation organized under the laws of \_\_\_\_\_

and thereby authorized to transact the business of \_\_\_\_\_

Insurance, desires to transact such business within the State of Missouri, pursuant to the laws thereof; and whereas, in and by Section 375.906, Revised Statutes of Missouri, 1978 it is provided as stated in said section, which is in words and figures as follows:

375.906. Foreign companies to appoint director to receive service – methods – penalty. 1. No insurance company or association not incorporated or organized under the laws of this state shall directly or indirectly issue policies, take risks, or transact business in this state, until it shall have first executed an irrevocable power of attorney in writing, appointing and authorizing the director of the department of insurance of this state **to acknowledge or receive service of all lawful process**, for and on behalf of the company, in any action against the company, instituted in any court of this state, or in any court of the United States in this state, and **consenting that service upon the director shall be deemed personal service upon the company.**

2. Service of process shall be made by delivery of a copy of the petition and summons to the director of the department of insurance, the deputy director of the department of insurance, or the chief clerk of the department of insurance at the office of the director of the department of insurance at Jefferson City, Missouri, and **service as aforesaid shall be valid and binding** in all actions brought by residents of this state upon any policy issued or matured, or upon any liability accrued in this state, or on any policy issued in any other state in which the resident is named as beneficiary, and in all actions brought by nonresidents of this state upon any policy issued in this state in which the nonresident is named beneficiary or which has been assigned to the nonresident, and in all actions brought by nonresidents of this state on a cause of action, other than an action on a policy of insurance, which arises out of business transacted, acts done, or contracts made in this state.

3. In case the process is issued by an associate circuit judge, the same may be directed to and served by any officer authorized to serve process in the city or county where the director of the department of insurance has his office, at least 15 days before the return thereof.

4. **Every instrument of appointment** executed by the company shall be attested by the seal of the company and shall recite the whole of this section, and shall be **accompanied by a copy of a resolution of the board of directors** or trustees of the company similarly attested, showing that the president and secretary or other chief officers of the company are **authorized to execute the instruments on behalf of the company**; and if any company fails, neglects, or refuses to appoint and maintain within this state an attorney or agent in the manner herein described, it shall forfeit the right to do or continue business in this state.

5. Whenever process is served upon the director of the department of insurance, the deputy director of the department of insurance, or the chief clerk of the department of insurance under the provisions of this section, the process shall immediately be forwarded by first class mail prepaid and directed to the secretary of the company, or, in the case of an alien company, to the United States manager or last appointed general agent of the company in this country; provided, that there shall be kept in the office of the director of the department of insurance a permanent record showing for all process served the name of the plaintiff and defendant, the court from which the summons issued, the name and title of the officer serving same, and the day and hour of the service.

NOW, THEREFORE, in accordance with the terms and requirements of the Section set forth above, the said

\_\_\_\_\_ Company  
does, by these presents, appoint and authorize the Director of the Department of Insurance of the State of Missouri (by whomsoever such office of Director may be held and exercised under the laws of the State of Missouri), for the purpose mentioned in the Section recited above, to do any and all the **things** in said Section specified in its behalf to be done, by said Director, the Deputy Director, or the Chief Clerk, of the Department of Insurance of the State of Missouri, including receipt of service of process which **shall be valid and binding**, and be deemed personal service upon the company, so long as it shall have any policies or liabilities outstanding in the State of Missouri.

IN WITNESS WHEREOF, the said company (in accordance with a resolution of its Board of Directors duly adopted on the \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, a certified copy of which appears on reverse side), hath caused these presents to be subscribed by its President and its corporate seal to be hereto affixed, attested by its Secretary, at the city of \_\_\_\_\_, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

Attest: \_\_\_\_\_ PRESIDENT

\_\_\_\_\_ SECRETARY



**COPY OF RESOLUTION**

I, \_\_\_\_\_, Secretary of the

\_\_\_\_\_ a corporation existing under the laws of \_\_\_\_\_, do hereby certify that the following is a true and correct copy, from corporate records of said corporation, of a resolution duly adopted by the Board of Directors thereof, at a \_\_\_\_\_ meeting of said Board, a quorum thereof present and acting, on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, to wit:

“RESOLVED, That the president and secretary of this company are hereby authorized to execute in behalf of said company, under the corporate seal thereof, a written instrument in accordance with the insurance laws of the State of Missouri appointing and authorizing the Director of the Department of Insurance of the State of Missouri (by whomsoever such office of Director may be held and exercised under the laws of the State of Missouri), for the purpose mentioned in section 375.906 Revised Statutes of Missouri, 1978, to do any and all the things in behalf of this company specified in said section to be done by said Director, and further consenting that service of process as therein referred to shall be valid and binding, and be deemed personal service upon this company so long as it shall have any policies or liabilities outstanding in the State of Missouri.”

*And I do further certify that the said resolution has never been rescinded or reconsidered and still remains in force.*

*GIVEN AND CERTIFIED, at the principal office of said company in the city of \_\_\_\_\_*

*State of \_\_\_\_\_ with the common seal thereof hereto affixed by the undersigned, having custody of the same as secretary of said company, this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.*

ATTEST:

\_\_\_\_\_ Secretary.



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**BIOGRAPHICAL AFFIDAVIT**

**INSTRUCTIONS**

Print or type your answers. Complete this biographical affidavit in its entirety. If an item or question does not apply to you, state "none" or "not applicable". Read the definitions before completing this biographical affidavit. Attach additional sheets if the space provided is not sufficient. Original signatures and an oath before a notary are required.

**DEFINITIONS**

As used in this biographical affidavit, the following terms mean:

"crime", any action brought by a governmental agency or authority which resulted or could have resulted in a fine, imprisonment, probation, parole, or suspended imposition of sentence, except for traffic infractions.

"insurance company", any insurance company, attorney-in-fact of a reciprocal or interinsurance exchange, and any corporation having the exclusive or dominant right to manage a mutual insurance company.

"license" or "licensed", any license or certificate of authority or certificate of registration.

"terminate" or "terminated" or "termination", any voluntary or involuntary revocation, termination, or suspension, whether temporary or permanent.

|  |  |                        |
|--|--|------------------------|
| NAME OF COMPANY  |  |                        |
| 1. FULL NAME   |  | SOCIAL SECURITY NUMBER |
| OTHER NAMES USED AT ANY TIME (ALIAS)   |  |                        |
| REASON FOR ALIAS   | WAS YOUR NAME LEGALLY CHANGED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                        |
| REASON FOR NAME CHANGE   |  |                        |
| NAME AND LOCATION OF COURT WHERE CHANGE MADE (IF OTHER THAN CHANGE FROM MAIDEN TO MARRIED NAME)  |  |                        |
| 2. BIRTHDATE   | BIRTHPLACE   |                        |
| 3. RESIDENCES FOR THE LAST TEN YEARS STARTING WITH CURRENT ADDRESS. LIST ONLY THOSE ADDRESSES WHERE YOU RESIDED FOR A PERIOD OF AT LEAST SIX MONTHS. |  |                        |
| DATES  | ADDRESS (STREET, CITY, STATE, ZIP CODE)  | COUNTRY                |
|  |  |                        |
|  |  |                        |
|  |  |                        |
|  |  |                        |
|  |  |                        |
|  |  |                        |
|  |  |                        |
|  |  |                        |

| 4. EDUCATION  |       |      |                        |                   |        |
|---------------|-------|------|------------------------|-------------------|--------|
|               | DATES | NAME | LOCATION (CITY, STATE) | DID YOU GRADUATE? | DEGREE |
| HIGH SCHOOL   |       |      |                        |                   |        |
|               |       |      |                        |                   |        |
| COLLEGE       |       |      |                        |                   |        |
|               |       |      |                        |                   |        |
| GRAD. STUDIES |       |      |                        |                   |        |
|               |       |      |                        |                   |        |

| 5. PROFESSIONAL ASSOCIATIONS   |                           |                            |                        |
|--|---------------------------|----------------------------|------------------------|
| HAVE YOU EVER BEEN A MEMBER OF ANY PROFESSIONAL ASSOCIATION OR SOCIETY? <input type="checkbox"/> YES <input type="checkbox"/> NO |                           |                            |                        |
| NAME AND LOCATION OF ASSOCIATION OR SOCIETY  | DATE MEMBERSHIP CONFERRED | DATE MEMBERSHIP TERMINATED | IF TERMINATED, EXPLAIN |
|  |                           |                            |                        |
|  |                           |                            |                        |
|  |                           |                            |                        |
|  |                           |                            |                        |
|  |                           |                            |                        |
|  |                           |                            |                        |
|  |                           |                            |                        |

| 6. OWNERSHIP INTERESTS  |                  |                  |                     |
|---|------------------|------------------|---------------------|
| (a) Do you own or have beneficial interest in ten percent or more of the voting securities of any corporation or shares of any limited partnership, except for an insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                  |                     |
| NAME OF CORPORATION OR LIMITED PARTNERSHIP  | NUMBER OF SHARES | PERCENT OF TOTAL | IF PLEDGED, EXPLAIN |
|   |                  |                  |                     |
|   |                  |                  |                     |
|   |                  |                  |                     |
|   |                  |                  |                     |
|   |                  |                  |                     |

| (b) Do you own or have beneficial interest in the voting securities of any insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO |               |                  |                     |
|--|---------------|------------------|---------------------|
| NAME OF COMPANY  | NO. OF SHARES | PERCENT OF TOTAL | IF PLEDGED, EXPLAIN |
|  |               |                  |                     |
|  |               |                  |                     |
|  |               |                  |                     |
|  |               |                  |                     |
|  |               |                  |                     |

**7. OCCUPATIONAL INFORMATION**

(a) List occupations for the last ten years, including present occupation.

| OCCUPATION, EMPLOYMENT OR BUSINESS | POSITION | DATES | EMPLOYER'S NAME AND LOCATION | REASON FOR LEAVING |
|------------------------------------|----------|-------|------------------------------|--------------------|
|                                    |          |       |                              |                    |
|                                    |          |       |                              |                    |
|                                    |          |       |                              |                    |
|                                    |          |       |                              |                    |
|                                    |          |       |                              |                    |

(b) List any positions as officer or director of any insurance company including positions currently held unless you have already listed it in 7.(a) above.

| NAME OF INSURANCE COMPANY | POSITION | DATES | REASON FOR LEAVING |
|---------------------------|----------|-------|--------------------|
|                           |          |       |                    |
|                           |          |       |                    |
|                           |          |       |                    |
|                           |          |       |                    |

**8. MILITARY SERVICE**

|   |                   |                   |
|---|-------------------|-------------------|
| HAVE YOU EVER SERVED IN THE MILITARY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | BRANCH            | SERIAL NUMBER     |
| RANK  | DATE OF DISCHARGE | TYPE OF DISCHARGE |

IF OTHER THAN HONORABLE, EXPLAIN  
\_\_\_\_\_

**9. LICENSES**

HAVE YOU EVER BEEN LICENSED BY ANY GOVERNMENTAL AGENCY OR AUTHORITY?    YES    NO

| LICENSE TYPE | ISSUED BY WHAT AGENCY | DATE ISSUED | DATE/REASON FOR TERMINATION |
|--------------|-----------------------|-------------|-----------------------------|
|              |                       |             |                             |
|              |                       |             |                             |
|              |                       |             |                             |
|              |                       |             |                             |
|              |                       |             |                             |

**10. CRIMES**

HAVE YOU EVER BEEN CHARGED, INDICTED OR CONVICTED OF ANY CRIME?    YES    NO

| DESCRIPTION OF CRIME | NAME AND LOCATION OF COURT | DATE | CONVICTED (YES OR NO) | IF YES, DESCRIBE PUNISHMENT |
|----------------------|----------------------------|------|-----------------------|-----------------------------|
|                      |                            |      |                       |                             |
|                      |                            |      |                       |                             |
|                      |                            |      |                       |                             |

11. Have you, or a firm in which you are or were a member, or a corporation or insurance company of which you are or were an officer, director or major stockholder (10% or more) ever

**YES**                      **NO**

- (a) been charged with any wrongdoing by any governmental authority?  YES       NO
- (b) been discharged or had a contract of agency terminated by any insurer or employer?  YES       NO
- (c) been charged in any capacity whatsoever with irregularities in money or any other transaction?  YES       NO
- (d) compromised liabilities with creditors, been insolvent or been adjudged as bankrupt?  YES       NO
- (e) been refused or voluntarily withdrawn an application for a license?  YES       NO
- (f) been fined for other than traffic violations by any state or federal governmental agency or authority?  YES       NO
- (g) had any judgments which have remained unsatisfied?  YES       NO
- (h) been involved in any lawsuit as a defendant, other than a lawsuit involving only a claim on an insurance policy?  YES       NO
- (i) had a fidelity or surety bond refused or revoked or had a claim made against a bond on which you were covered as a principal?  YES       NO

If the answer to any of the above is "yes", explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT



Personally appeared before me the above named \_\_\_\_\_

personally known to be, who, being duly sworn, deposes and says that he executed the above instrument, consisting of four pages, and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

|                             |  |                                     |
|-----------------------------|--|-------------------------------------|
| NOTARY PUBLIC EMBOSSER SEAL | STATE OF _____                               | COUNTY (OR CITY OF ST. LOUIS) _____ |
|                             | SUBSCRIBED AND SWORN BEFORE ME, THIS _____   |                                     |
|                             | DAY OF _____                                 | YEAR _____                          |
|                             | <b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b> |                                     |
|                             | NOTARY PUBLIC SIGNATURE _____                | MY COMMISSION EXPIRES _____         |
|                             | NOTARY PUBLIC NAME (TYPED OR PRINTED) _____  |                                     |