



STATE OF MISSOURI  
 DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
 AND PROFESSIONAL REGISTRATION  
**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? <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?  YES  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?  YES  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?  YES  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?

 YES  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 me, 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 EMBOSSEER 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) _____	