MISSOURI DEPARTMENT OF COMMERCE AND 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 NUM | BER | |
| | | | | | |
| OTHER NAMES USED AT ANY TIME (ALIAS) | | | | | |
| | | | | | |
| REASON FOR ALIAS | | WAS YOUR NAME LEGALLY CHANGED? | | | |
| | | □ YES □ NO | | | |
| REASON FOR NAME CHANGE | | | | | |
| | | | | | |
| NAME AND LOCATION OF COURT WHERE C | HANGE MADE (IF OTHER THAN CHANGE FROM MAII | DEN TO MARRIED NAME) | | | |
| 2. BIRTHDATE | BIRTHPLACE | | | | |
| | | | | | |
| 3. RESIDENCES FOR THE LAST TEN YEARS | STARTING WITH CURRENT ADDRESS. LIST ONLY TH | HOSE ADDRESSES WHERE YOU RESIDED F | OR A PERIOD OF AT LEAS | ST SIX MONTHS. | |
| DATES | ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | COUNTRY | |
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| 4. | EDUCATION | | | | | | | |
|--|----------------|--|----------------------|------------------------|-------------|--------------|--|--|
| 거 | DATES | NAME | LOCATION (C | LOCATION (CITY, STATE) | | DEGREE | | |
| HIGH SCHOOL | | | | | | | | |
| SH | | | | | | | | |
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| | | | | | | | | |
| COLLEGE | | | | | | | | |
| SOLL | | | | | | | | |
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| GRAD. STUDIES | | | | | | | | |
| STU | | | | | | | | |
| RAD. | | | | | | | | |
| | PROFESSION | AL ASSOCIATIONS | | | | | | |
| 5. PROFESSIONAL ASSOCIATIONS HAVE YOU EVER BEEN A MEMBER OF ANY PROFESSIONAL ASSOCIATION OR SOCIETY? YES NO | | | | | | | | |
| 1 1/ | | | DATE MEMBERSHIP | DATE MEMBERSHIP | | | | |
| | NAME A | AND LOCATION OF ASSOCIATION OR SOCIETY | CONFERRED | TERMINATED | | PLAIN | | |
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| 6 | OWNERSHIP | INTEDESTS | | | | | | |
| | | | | | | | | |
| (| | n or have beneficial interest in ten percent or mo | re of the voting se | curities of any cor | | | | |
| | partnership, | except for an insurance company? | | | YES | □ NO | | |
| | NAME | OF CORPORATION OR LIMITED PARTNERSHIP | NUMBER OF PERCENT OF | | IF PLEDGED, | | | |
| | IVAIVIL | OF COLL CHARION OIL EIWITED FAITINEHOLIII | SHARES | TOTAL | EXF | PLAIN | | |
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| (| (b) Do you own | or have beneficial interest in the voting securities | of any insurance co | mpany? | ☐ YES | \square NO | | |
| | | NAME OF COMPANY | NO. OF SHARES | PERCENT OF TOTAL | IF PLEDGE | ED, EXPLAIN | | |
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| 7. OCCUPATIONAL INFORMATION | | | | | |
|---|-------------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------------|
| (a) List occupations for the last ten years, inc | cluding present occupa | tion. | | | |
| OCCUPATION, EMPLOYMENT OR BUSINESS | POSITION | DATES | EMPLOYER AND LOC | | REASON FOR LEAVING |
| | | | | | |
| | | | | | |
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| | | | | | |
| (b) List any positions as officer or director of 7.(a) above. | any insurance compar | ny including positio | ns currently held | unless you ha | ve already listed it in |
| NAME OF INSURANCE COMPANY | POSITION | DATES | F | REASON FOR LEAVING | |
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| 8. MILITARY SERVICE | | | | | |
| HAVE YOU EVER SERVED IN THE MILITARY? | BRANCH | | SERIAL NUMBER | | |
| RANK | DATE OF DISCHARGE | | TYPE OF DISCHARGE | | |
| IF OTHER THAN HONORABLE, EXPLAIN | I | | | | |
| | | | | | |
| 9. LICENSES | | | | | |
| HAVE YOU EVER BEEN LICENSED BY ANY | COVEDNMENTAL AC | | NDITV2 | YES | □ NO |
| LICENSE TYPE | ISSUED BY WHAT AGENCY | | DATE ISSUED DATE/REASON FOR TERMI | | |
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| 10. CRIMES | | | I | | |
| HAVE YOU EVER BEEN CHARGED, INDICTE | ED OR CONVICTED C | F ANY CRIME? | | YES | □ NO |
| DESCRIPTION OF CRIME | NAME AND LOCATION OF COURT | | DATE | CONVICTED (YES OR NO) | IF YES, DESCRIBE PUNISHMENT |
| | | | | | |
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| 11. | - | n which you are or were a member, or a c | corporation or insurance o | company of which you are | or were an offic | cer, |
|--------|---------------------------------------|---|-----------------------------|-------------------------------|------------------|--------|
| | director or major stoc | ckholder (10% or more) ever | | YES | NO | |
| | (a) been charged wi | th any wrongdoing by any governmental | authority? | | | |
| | (b) been discharged | or had a contract of agency terminated b | by any insurer or employe | er? | | |
| | (c) been charged in transaction? | any capacity whatsoever with irregular | rities in money or any of | ther \square | | |
| | (d) compromised lial | pilities with creditors, been insolvent or be | een adjudged as bankrup | ot? | | |
| | (e) been refused or | voluntarily withdrawn an application for a | license? | | | |
| | (f) been fined for oth or authority? | ner than traffic violations by any state or f | federal governmental age | ency \square | | |
| | (g) had any judgmer | nts which have remained unsatisfied? | | | | |
| | (h) been involved in on an insurance | any lawsuit as a defendant, other than a policy? | lawsuit involving only a cl | laim 🗌 | | |
| | • | urety bond refused or revoked or had a c covered as a principal? | laim made against a bond | d on | | |
| | If the answer to any | of the above is "yes", explain | | | | |
| | | | | | | |
| | REBY CERTIFY UNDE BY KNOWLEDGE AND | R PENALTY OF PERJURY THAT THE F | OREGOING STATEMEN | TS ARE TRUE AND CORF | RECT TO THE E | BEST |
| SIGNA | TURE OF AFFIANT | | | | | |
| • | | | | | | |
| Perso | onally appeared before | me the above named | | | | |
| perso | nally known to me, wh | o, being duly sworn, deposes and says the | nat he executed the above | e instrument, consisting of | four pages, and | d that |
| the st | atements and answer | s contained therein are true and correct t | to the best of his knowled | dge and belief. | | |
| NOTAR | Y PUBLIC EMBOSSER SEAL | STATE OF | | COUNTY (OR CITY OF ST. LOUIS) | | |
| | | SUBSCRIBED AND SWORN BEFORE ME, THIS | VEAD | | | |
| | | DAY OF NOTARY PUBLIC SIGNATURE | YEAR MY COMMISSION | USE RUBBER STAMP IN C | LEAR AREA BEI | LOW. |
| | | | EXPIRES | | | |
| | | NOTARY PUBLIC NAME (TYPED OR PRINTED) | ' | | | |