

STATE OF GEORGIA
OFFICE OF COMMISSIONER OF INSURANCE
REGULATORY SERVICES DIVISION

**Continuing Care Provider and Facility
Biographical Affidavit**

(Typewritten Only)

Full Name and Address of Affiant _____

In connection with the above-named Continuing Care Provider, 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? _____ If yes, give the reason for the recent change. _____

b. Other names used at any time _____

3. Affiant’s Social Security Number _____

4. Date and Place of Birth _____

5. Affiant's Business Address _____

Business Telephone _____

E-mail Address _____

6. List your residence for the last ten (10) years starting with your current address, giving:

DATE	ADDRESS	CITY, STATE & ZIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Education: Dates, Names, Locations and Degrees

College _____

Graduate Studies _____

Others _____

12. a. Have you been in a position which required a fidelity bond? _____
If any claims were made on the bond, give details. _____

- b. Have you ever denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? _____

If yes, give details. _____

13. 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). _____

14. During the last ten - (10) years, have you ever been refused a professional, occupation, 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? _____

If yes, give details. _____

15. List any Continuing Care Facility in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____

If any of the stock is pledged or hypothecated in any way, give details. _____

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant Continuing Care Facility or its affiliates? _____ If any of the shares of stock are pledged or hypothecated in any way, give details.

17. Have you ever been adjudged a bankrupt? _____

18. 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 any 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 the subject of any disciplinary proceedings of any federal or state regulatory agency? _____ If yes, give details.

- b. Has any company been so charged, allegedly as a result of any action or conduct on your part? _____ If yes, give details.

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any Continuing Care Facility 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 conservation? _____ If yes, give details. _____

20. Has the certificate of authority or license to do business of any Continuing Care Facility of which you were an owner or operator or key management person ever been suspended or revoked while you occupied such position? _____ If yes, give details.

Dated and signed this _____ day of _____ at _____
(county)

in _____. I hereby certify under penalty of perjury that I am acting
(city)

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 the above named _____
Personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and 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 _____