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## BIOGRAPHICAL STATEMENT AND AFFIDAVIT

If you are an individual with a disability and wish to acquire this document in an alternative format, please contact the ADA Coordinator at the Office of Commissioner of Insurance, Martin Luther King, Jr. Drive; Atlanta, Georgia 30334, (404) 656-2056 / TDD (404) 656-4031.

### DEFINITIONS AND INSTRUCTIONS

For the purposes of this statement and affidavit only, the term "entity regulated by the Office of Commissioner of Insurance" includes insurers as defined in O.C.G.A. § 33-1-2(4), administrators as defined in O.C.G.A. § 33-23-100 and multiple employer self-insured health plans as defined in O.C.G.A. § 33-50-1.

Fully answer all questions. If a question is not applicable write "N/A". If the space on this form is inadequate, attach additional sheets. List chronological data in reverse order, beginning with the most recent data. Print or type all answers.

### QUESTIONS:

1. (a) Full Name \_\_\_\_\_ (b) Maiden Name \_\_\_\_\_  
(c) Date of Birth \_\_\_\_\_ (d) Place of Birth \_\_\_\_\_  
(e) Social Security Number \_\_\_\_\_ (f) Occupation or Profession \_\_\_\_\_  
(g) E-mail address \_\_\_\_\_

2. Full name and address of the present or proposed entity under which this biographical statement is required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Type of entity:  
\_\_\_\_\_

4. Your current or proposed position with the present or proposed entity:  
\_\_\_\_\_

5. List residences for the last ten (10) years in reverse order:

Dates	Address	City, County, State	Telephone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List public, private and professional education in reverse order:

College/University	Dates Attended	Degree Obtained

Other Training:  
\_\_\_\_\_  
\_\_\_\_\_

7. List businesses and positions held for the past (ten) 10 years in reverse order. Include all director and officer positions held:

Dates	Employer's Name	Address and Telephone	Offices and Positions

May present employer be contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

8. List other current business activities: \_\_\_\_\_

9. (a) Have you or your spouse ever been affiliated or associated with, or in any way connected with, an insurance entity regulated by the GA Office of Commissioner of Insurance?  
Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If "Yes" list all such entities: \_\_\_\_\_

10. (a) Do you or members of your immediate family have, or will have an ownership interest of any kind in the present or proposed entity? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If "Yes", list all such ownership interests and give full details. If the ownership interest is pledged or hypothecated in any way, give full details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. (a) Have you ever used an alias or a different name? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If "Yes", list all other names used and give full explanation and supporting documentation:  
\_\_\_\_\_

Affiant's Initials \_\_\_\_\_

12. (a) Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (b) If "Yes":  
 (1) Were any claims ever made or attempted against your bond? Yes \_\_\_\_ No \_\_\_\_  
 (2) Has your bond ever been canceled or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (3) Has your application for bond been declined? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (4) If the response to 1, 2, or 3 is "Yes", provide reasons: \_\_\_\_\_  
 \_\_\_\_\_

13. (a) Have you ever been licensed as an insurance agent, broker, solicitor, adjuster, or  
 counselor in Georgia or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (b) If "Yes":  
 (1) By whom (state(s) and/or federal) \_\_\_\_\_  
 (2) Dates license(s) held \_\_\_\_\_  
 (3) License number(s) \_\_\_\_\_  
 (4) Name of issuer of license(s) \_\_\_\_\_

14. (a) Have you ever been licensed to sell securities? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (b) If "Yes":  
 (1) By whom (state(s) and/or federal) \_\_\_\_\_  
 (2) Dates license(s) held \_\_\_\_\_  
 (3) License number(s) \_\_\_\_\_  
 (4) Name of issuer of license(s) \_\_\_\_\_

15. (a) Have you ever been licensed to practice medicine or dentistry? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (b) If "Yes":  
 (1) State(s) \_\_\_\_\_  
 (2) Dates license(s) held \_\_\_\_\_  
 (3) License number(s) \_\_\_\_\_  
 (4) Name of issuer of license(s) \_\_\_\_\_

16. List any other occupational, professional, or vocational licenses you have ever held and  
 identify the state(s), the dates license(s) held, and the license number(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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17. (a) List any entities regulated by the GA Office of Commissioner of Insurance in which you control directly or indirectly or own legally or beneficially five (5) percent or more of the outstanding stock (in voting power):

\_\_\_\_\_

(b) Is any of the stock pledged or hypothecated in any way? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", give full details:

\_\_\_\_\_

18. List memberships in professional societies and associations: \_\_\_\_\_

\_\_\_\_\_

19. Are you a citizen of any country other than the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", what country? \_\_\_\_\_

20. **Have you ever:**

(a) Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public, administrative, or governmental licensing agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Had any occupational, professional, or vocational license or permit you hold, or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes \_\_\_\_\_ No \_\_\_\_\_

(c) Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes \_\_\_\_\_ No \_\_\_\_\_

(d) Been charged with, or indicted for, any criminal offense(s) other than minor traffic offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

(e) Plead guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than minor traffic offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

(f) Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than minor traffic offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

(g) Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership, rehabilitation, liquidation, or conservatorship proceeding, or any other similar proceeding?

Yes \_\_\_\_\_ No \_\_\_\_\_

(h) Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal or state law regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes \_\_\_\_\_ No \_\_\_\_\_

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20. continued

- (i) Been within the last ten (10) years a party to or subject of any civil action or legal proceedings? Yes \_\_\_\_\_ No \_\_\_\_\_
- (j) Been convicted or had a sentence imposed or suspended or been pardoned for conviction of, or pleaded guilty or nolo contendere to an indictment charging any crime involving fraud, dishonesty or moral turpitude? Yes \_\_\_\_\_ No \_\_\_\_\_
- (k) Have you been the subject of any disciplinary proceedings of any federal or state regulatory agency, including, but not limited to, any taxing authorities? Yes \_\_\_\_\_ No \_\_\_\_\_

***If you answered "Yes" to any questions noted in question 20, you must provide full details (use additional pages, if necessary):***

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- 21. (a) For the purpose of this question, if you hold, or have held, any of the following positions with an entity, indicate below:
  - (1) Incorporator Yes \_\_\_\_\_ No \_\_\_\_\_
  - (2) Administrator Yes \_\_\_\_\_ No \_\_\_\_\_
  - (3) Organizer Yes \_\_\_\_\_ No \_\_\_\_\_
  - (4) Subscriber of a corporation Yes \_\_\_\_\_ No \_\_\_\_\_
  - (5) Subscriber to a reciprocal agreement of indemnity Yes \_\_\_\_\_ No \_\_\_\_\_
  - (6) Subscriber to a limited reciprocal Yes \_\_\_\_\_ No \_\_\_\_\_
  - (7) Director Yes \_\_\_\_\_ No \_\_\_\_\_
  - (8) Officer Yes \_\_\_\_\_ No \_\_\_\_\_
  - (9) Manager or operator Yes \_\_\_\_\_ No \_\_\_\_\_
  - (10) Trustee Yes \_\_\_\_\_ No \_\_\_\_\_
  - (11) Owner, if not a corporation Yes \_\_\_\_\_ No \_\_\_\_\_
  - (12) Sole Proprietor Yes \_\_\_\_\_ No \_\_\_\_\_
  - (13) Joint venturer Yes \_\_\_\_\_ No \_\_\_\_\_
  - (14) Partner, including all general and limited partners of a limited partnership  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - (15) Stockholder owning or holding five (5) percent or more of the outstanding stock of a stock corporation Yes \_\_\_\_\_ No \_\_\_\_\_

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21. (a) continued

- (16) Member of a non-stock corporation Yes \_\_\_\_\_ No \_\_\_\_\_
- (17) Person associated or to be associated with the formation or financing of an underwriting member of an Insurance Exchange in any state or country  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (18) Attorney in fact for a reciprocal insurer/company or a limited reciprocal insurer/company, if the attorney in fact is an individual Yes \_\_\_\_\_ No \_\_\_\_\_
- (19) Any position listed in this subparagraph (a) held in an entity serving as attorney in fact for a reciprocal insurer/company or a limited reciprocal insurer/company, if the entity serving as attorney in fact is an individual.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (20) Any position listed in this subparagraph (a) held in an incorporated or unincorporated association. Yes \_\_\_\_\_ No \_\_\_\_\_
- (21) Any other position where the affiant performs any duties similar to those duties performed by persons in the above mentioned positions. Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Has any **entity** while you were associated with that entity or within twelve (12) months after you left:

- (1) Been refused a permit, license, or certificate of authority by any regulatory authority or governmental licensing agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- (2) Had its permit, license, certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory or disciplinary action?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (3) Been placed on probation or had a fine levied, against it or against its permit, license, or certificate of authority in any judicial, administrative, regulatory, or disciplinary action?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (4) Been charged with, or indicted for, any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_
- (5) Plead guilty to, or nolo contendere to, or been convicted of any criminal offense?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (6) Had an adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation for any criminal offense?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Affiant's Initials \_\_\_\_\_

21 (b) continued

- (7) Been insolvent or impaired? Yes \_\_\_\_\_ No \_\_\_\_\_
- (8) Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership rehabilitation, liquidation, or conservatorship proceeding, or any other similar proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_
- (9) Been enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, disciplinary action from violating any federal or state law regulating the business of insurance, securities, or banking, or from carrying out any particular practice or practices in the course of the business insurance, securities, or banking? Yes \_\_\_\_\_ No \_\_\_\_\_
- (10) Been within the last ten (10) years a party to or subject of any civil action or legal proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

***If you answered "Yes" to any questions noted in question 21, you must provide full details (use additional pages, if necessary):***

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Affiant's Initials \_\_\_\_\_

**I HEREBY CERTIFY**, under penalty of perjury, that the foregoing answers, statements, information are true and correct.

I, the undersigned affiant, under penalty of perjury, do declare that I have carefully examined each of the questions asked in this BIOGRAPHICAL STATEMENT AND AFFIDAVIT and each of my responses thereto, and do solemnly swear, or affirm that all of my responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Signature)

(Date)\_\_\_\_\_

State of\_\_\_\_\_

County of\_\_\_\_\_

**BEFORE ME** this day personally appeared \_\_\_\_\_ (Typed name of Affiant) who, being duly sworn, deposes and says that he/she executed the above BIOGRAPHICAL STATEMENT AND AFFIDAVIT and that the answers, statements and information contained in this statement are true and correct.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ 200\_\_.

**(Notary Seal)**

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

Affiant's Initials \_\_\_\_\_