

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS COMPENSATION
SELF-INSURANCE SECTION**

BIOGRAPHICAL STATEMENT AND AFFIDAVIT

DEFINITIONS AND INSTRUCTIONS

All questions on this form should be answered fully. If a question is not applicable please put "Not Applicable" or "N/A". If more space is needed, please attach additional sheets. Please print or type all answers.

QUESTIONS

1. (a) Full Name _____ (b) Maiden Name _____
(c) Date of Birth _____ (d) Place of Birth _____
(e) Occupation or Profession _____

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

3. Name of proposed entity:

4. Your current or proposed position with the present or proposed entity.

5. List your residence for the last ten (10) years starting with your current address and going backward, giving:

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

6. Education. Please list the most recent education first.

College/University	Dates Attended	Degree Obtained
_____	_____	_____
_____	_____	_____

Other Training

7. Business and employment record for past ten (10) years. Please list the most recent first. Include all director and officer positions held.

Dates	Employer's Name	Address & Telephone	Offices/Positions Held

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 entity regulated by the Department of Financial Services? Yes No

(b) If "yes", please 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.

12. (a) Have you ever been bonded? Yes No

(b) If "yes":

1. Were any claims ever made or attempted to be made 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", please provide reasons _____

13. (a) Have you ever been licensed as an insurance agent, broker, solicitor, adjuster, or claims investigator in Florida or any other state? Yes No

(b) If "yes":

1. State(s) _____

2. Date 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):

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

If any of the stock is pledged or hypothecated in any way, give 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) Pled 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 proceedings, 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
- (i) Been, within the last ten (10) years, a party to any civil action other than for minor traffic offenses? Yes No
- (j) Had a finding made by any state or the Federal Government that you have violated any rule or regulation lawfully made by any state or the Federal Government? Yes No

If the response to any question above is answered "yes", please provide full details.

21. (a) For the purpose of this question, if you hold or have held any of the following positions with an entity, please indicate below.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Incorporator | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Administrator | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Organizer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Subscriber of a corporation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Subscriber to a reciprocal agreement of indemnity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Subscriber of a limited reciprocal | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Director | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Officer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Manager or operator | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Trustee | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Owner, if not a corporation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Sole proprietor | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Joint venturer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Partner, including all general and limited partners of a limited partnership. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Stockholder owning or holding five (5) percent or more of the outstanding stock of a stock corporation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Member of a non-stock corporation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Person associated or to be associated with the formation or financing of an underwriting member on an Insurance Exchange in any state or country | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Attorney in fact for a reciprocal insurer/company or a limited reciprocal insurer/company, if the attorney in fact is an individual | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 not an individual | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Any position listed in this subparagraph (a) held in an incorporated or unincorporated association | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Any other position where the person filling the position performs any duties similar to those duties performed by persons in the above mentioned positions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Had its permit, license, or certificate of authority suspended, revoked, cancelled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Been placed on probation or had a fine levied against it or against its license, or certificate of authority in any judicial, administrative, regulatory, or disciplinary action? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Been charged with, or indicted for any criminal offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Pled guilty to, or nolo contendere to, or been convicted of any criminal offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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
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, 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 business insurance, securities, or banking? Yes No
10. Been within the last ten (10) years a party to any civil action? Yes No

(c) If the response to any question above is answered "yes", please provide full details below:

I HEREBY CERTIFY, under penalty of perjury, that the foregoing answers, statements, and 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 _____ 20_____.

(Notary Seal)

Notary Public

My commission expires: _____