

Applicant Name

FEIN:

BIOGRAPHICAL AFFIDAVIT

INSTRUCTIONS: Biographical Affidavits are required to be submitted in connection with all applications for licensure with the Alabama Department of Insurance. Originally signed and notarized affidavits completed within one year of the application's submission date must be submitted on behalf of all of the following:

- a.) The warrantor's executive officer or officers directly responsible for the warrantor's vehicle protection product business.
- b.) Administrators designated by the warrantor to be responsible for the administration of vehicle protection product warranties in this state.
- c.) Key managerial personnel (Including any Vice Presidents or other individuals who are directly responsible for the vehicle protection product business.)
- d.) Individuals with a 10% or more beneficial ownership in the applicant who will exercise control over the applicant or, Officers and Directors of an entity with a 10% or more beneficial ownership in the applicant who exercise control over the applicant; and
- e.) Individuals with a 10% or more beneficial ownership in the applicant's ultimate controlling person who will exercise control over the applicant and Officers and Directors of the ultimate controlling person that controls the operations of the applicant.

Present or proposed entity under which this biographical statement is being made. (Do not use group names.)

Name

Address

City State Zip Code

Phone Number

In connection with the above-named entity, I herewith make representations and supply information about myself as hereafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE" YOU MUST SO STATE.

- 1. a. Affiant's Full Name (Initials Not Acceptable)
- b. Maiden Name (If applicable)

- 2. a. Have you ever had your name changed? YES NO

If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases).

- 3. a. Are you a citizen of the United States? YES NO

BIOGRAPHICAL AFFIDAVIT- Continued

b. Are you a citizen of another country? YES NO

If yes, what country?

4. Affiant's Occupation or Profession

5. Affiant's business address

Name

Address

City State Zip Code

Phone Number

6. Education and Training

College/ University

City State

Dates Attended (MM/YY)

Degree Obtained

Graduate Studies:

College/ University

City State

Dates Attended (MM/YY)

Degree Obtained

Other Training:

Name

City State

Dates Attended (MM/YY)

Degree/ Certification Obtained

NOTE: If affiant attended a foreign school, please provide full address and telephone number of the college/ university. If applicable, provide the foreign student identification number in the space provided in the Biographical Affidavit Supplemental Information.

BIOGRAPHICAL AFFIDAVIT- Continued

7. List of memberships in professional societies and associations.

Name

Address

City State Zip Code

Contact Name

Phone Number

Name

Address

City State Zip Code

Contact Name

Phone Number

Name

Address

City State Zip Code

Contact Name

Phone Number

8. Present of proposed position with applicant entity.

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (upto and including present jobs, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships.) Please list the most recent recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past then (10) years. You may attach additional pages using the format provided if necessary.

Beginning/ Ending Dates (MM/YY) -

Employers Name

Address

City State Zip Code

Country

Phone Number Offices/ Positions Held

BIOGRAPHICAL AFFIDAVIT- Continued

Supervisor/ Contact

Beginning/ Ending Dates (MM/YY) -

Employers Name

Address

City State Zip Code

Country

Phone Number Offices/ Positions Held

Supervisor/ Contact

Beginning/ Ending Dates (MM/YY) -

Employers Name

Address

City State Zip Code

Country

Phone Number Offices/ Positions Held

Supervisor/ Contact

Beginning/ Ending Dates (MM/YY) -

Employers Name

Address

City State Zip Code

Country

Phone Number Offices/ Positions Held

Supervisor/ Contact

10. a. Have you ever been in a position which required a fidelity bond? YES NO

If any claims were made on the bond give details.

BIOGRAPHICAL AFFIDAVIT- Continued

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. YES NO

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over ht license(s) issued. Attach additional pages if the space provided is insufficient.

Issuer

Address

City State Zip Code

Country

License Type License #

Date Issued Date Expired

Reason for Termination

Phone Number

Issuer

Address

City State Zip Code

Country

License Type License #

Date Issued Date Expired

Reason for Termination

Phone Number

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

BIOGRAPHICAL AFFIDAVIT- Continued

- | | | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| a. | Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| d. | Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| e. | Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 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 civil traffic offenses? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| g. | 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 and federal, state law or law of another country 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 | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| h. | Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| i. | Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| j. | Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If the response to any question above is answered "Yes", attach additional pages providing details including dates, locations, dispositions, etc. along with copies of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

BIOGRAPHICAL AFFIDAVIT- Continued

[Empty text box]

[Empty text box]

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

[Empty text box]

14. Do [Will] you or members of your immediate family individually or cummulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "aafiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please indentify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securites.
- YES NO

[Empty text box]

[Empty text box]

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

[Empty text box]

15. Have you ever been adjudges bankrupt? If yes, attach a seperate page setting forth the details.
- YES NO

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details on a seperate page. When responding to questions (b) and (c) affiant should also include any events wihtin twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? YES NO

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceedings, state insolvency, supervision or any other similar proceeding)? YES NO

- c. Been placed on probation or had a fine levied against it or its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? YES NO

BIOGRAPHICAL AFFIDAVIT- Continued

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____ at _____ |

hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____

By _____, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires