

**COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE**

BIOGRAPHICAL AFFIDAVIT

1. International Insurer's Name: _____

2. Affiant's Full Name (Initials are Not Acceptable): _____

3. Have you ever used any other name including a Maiden Name? _____
If yes, explain: _____

4. Social Security No.: _____

5. Date of Birth: _____ Birth Place: _____

6. Business Address: _____

7. Business Phone: _____

8. List your residence for the last 5 years starting with the current address:

<u>DATES OF RESIDENCE</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

9. Education (Specify Dates, Institutions and Degrees):

<u>DATES</u>	<u>INSTITUTIONS</u>	<u>DEGREES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Memberships in Professional Societies & Associations, you may attach additional sheets if necessary: _____

11. List all employers during the last ten (10) years (Dates, Institutions, Address, and Titles), you may attach additional sheets if necessary:

May these employers be contacted? _____ If not, which one(s)? _____

12. Have you ever been in a position that required a fidelity bond? _____

a. If yes and any claims were made under it, give details: _____

b. If yes, have you ever had a fidelity bond denied, cancelled or revoked?

Provide details: _____

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority that you hold or have held in the past. Specify date of issue, issuer, date terminated and reason for termination: _____

14. During the last ten (10) years, have you ever been refused a professional, occupational or vocational license or permit or has any such license been suspended, revoked or subjected to any disciplinary action? _____

If yes, give details: _____

15. Do you currently hold or have you ever held any type of insurance license?
No ___ Yes ___ If yes, please provide the following information:

<u>Type</u>	<u>Jurisdiction</u>	<u>Date of Issue & Expiration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Have you ever had a license or privilege refused or revoked by an Insurance Department in any jurisdiction? No ___ Yes ___, If yes, please provide details:

17. List any insurer that you control directly or indirectly or hold legal or beneficial ownership of five percent (5%) or more of outstanding stock (voting power): _____

18. Will you or members of your immediate family subscribe to or own, beneficially or otherwise, shares of stock of the proposed International Insurer or its affiliates? _____ If yes, please provide details: _____

19. Have you ever been adjudged a bankrupt or been a debtor in a bankruptcy proceeding? _____ If yes, please explain: _____

20. Have you ever been convicted or had a sentence imposed or suspended or had a pronouncement of a sentence suspended or pardoned for conviction, a guilty plea or *nolo contendere* to:

- a. any felony: _____
- b. to any misdemeanor other than a civil traffic offense: _____
- c. or have been the subject of any disciplinary proceedings of any federal or state regulatory agency? _____
- d. If you answered yes to any of the above, provide details: _____

21. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer that, while you occupied such position, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____ If yes, please provide details _____

- a. While occupying such position, was the certificate of authority or license of any insurance company ever suspended or revoked? _____ If yes, please provide details: _____

CERTIFICATION

Dated and signed this _____ day of _____ of _____.
In _____, _____. I hereby certify 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

Affidavit No. _____

Personally appeared before me the above named _____
personally known to me, who, being duly sworn, deposes and says that he/she
executed the above instrument and that the statements and answers contained
therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20__

NOTARY PUBLIC