

**SECOND SCHEDULE
Regulation 3(2)(b)**

BIOGRAPHICAL AFFIDAVIT

Full name and address of Applicant Company (do not use group names)

In connection with the above-named company, I hereby make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space 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? () Yes () No

If "Yes", give the reason for the change

b) Other names used at any time _____

3. Affiant's Social Security No./Passport No./National Insurance No./ or other similar Identification No. applied to Government Record Systems. (Indicate which No. is stated)

4. **a)** Date of birth _____

b) Place of birth _____

5. Affiant's business address _____

Business telephone No. _____

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

DATES

ADDRESS

CITY AND STATE

7. Education: Dates, Names, Locations and Degrees

College _____

Degree awarded _____
Graduate studies _____

Degree awarded _____
Others _____

8. List memberships in Professional Societies and Associations

9. Present or proposed position with the Applicant company

10. List complete employment record (up to and including present jobs, positions, directorships or officerships) for the past twenty (20) years giving:

DATE	EMPLOYER AND ADDRESS	TITLE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. **a)** May present employer be contacted. () Yes () No

b) May former employer be contacted. () Yes () No

c) List names, addresses, phone/fax numbers of two independent referees.

12. **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 _____

b) Have you ever been denied an individual or position schedule, fidelity bond, had a bond cancelled or revoked? () Yes () No

If "Yes", give details _____

13. List any professional, occupational, and vocational licences issued by any public or governmental licensing agency or regulatory authority which you currently hold or have held in the past. (State date licence issued, issuer of licence, date terminated, reasons for termination)

14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational licence by any public or governmental licensing agency or regulatory authority, or has any such licence held by you ever been suspended or revoked?
() Yes () No

If "Yes", give details _____

15. List any insurers 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 mortgaged in any way, give details.

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares or stock of the applicant company or its affiliates? () Yes () No
If any of the shares or stock are pledged or mortgaged in any way, give details.

17. Have you ever been adjudged a bankrupt? () Yes () No
If "Yes", please supply particulars.

18. **a)** Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or 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 or any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any governmental or state regulatory agency?

() Yes () No

If "Yes" give details. _____

b) Has any company been so charged allegedly as a result of any action or conduct on your part? () Yes () No

If "Yes" give details. _____

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?
() Yes () No

If "Yes", give details including names and dates _____

20. Has the certificate of authority or licence to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?
() Yes () No

If "Yes", give details. _____

Dated and signed this _____ day of _____

I 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)

State of _____

Country of _____

Personally appeared before me the above-named _____ personally known to me, being dully sworn, deposes and says that he executed the above instrument and that 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 _____, 2000.

(Notary Public for documents to be sent overseas)
(Justice of the Peace for Documents to be used in Belize only)

(seal)

My Commission Expires _____