BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the MN Department of Commerce.

Name of Company: _____ NAIC No. _____

In completing your response to this affidavit, IF ANSWER IS "NO" or "NONE", SO STATE.

1. Affiant's Full Name (Initials Not Acceptable)

_____

2. Other names used at any time.

_____

3. Affiant's Occupation or Profession.

_____

4. Affiant's business address.

_____

5. Education and Training:

College / University	City / State	Dates Attended	Degree Obtained

List professional training seminars or other education received in the past two years. BE SPECIFIC.

Name of Organization	City / State	Dates Attended	Primary Topic Covered

6. Present position with the Company. _____

7. List complete employment record for the past ten (10) years.
Beginning/Ending
Dates (MM/YY) _____-_____ Employers' Name _____

Address _____ City _____ State _____

Offices / Position Held _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____-_____ Employers' Name _____

Address _____ City _____ State _____

Offices / Position Held _____ Supervisor / Contact _____

8. 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 three years.
Organization / Issuer of License _____ Address _____

City _____ State _____ License Type _____

License # _____ Date Issued (MM/YY) _____ Date Expired (MM/YY) _____

Reason for Termination
_____

Organization / Issuer of License _____ Address _____

City _____ State _____ License Type _____

License # _____ Date Issued (MM/YY) _____ Date Expired (MM/YY) _____
Reason for Termination
_____

9. Have you ever been within the last ten (10) years, a party to any ***civil action*** involving dishonesty, breach of trust, or a financial dispute?
_____

10. Have you been convicted on, or pleaded guilty to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud, or violating any corporate securities statute or any insurance statute?
Yes _____ No _____ If yes, please provide the details in writing.

Dated and signed this _____ day of _____ _____ at _____. 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) (Date)

State of Minnesota County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ ____ By _____, and:

☐ who is personally know to me, or ☐ who produced the following identification: _____

_____

Notary Public

_____

[SEAL] Printed Notary Name

_____

My Commission Expires