COMMERCE DEPARTMENT

BIOGRAPHICAL AFFIDAVIT

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

**If additional space is needed to answer any questions, use the addendum pages included at the end of this form*

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*):

First: _____ Middle: _____ Last: _____

2. Other names used at any time (including first, middle or last name, nickname, maiden name or aliases)

_____

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, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. If space provided is insufficient, complete and attach the addendum page at the end of this form.

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 ten (10) years. If space provided is insufficient, complete and attach the addendum page at the end of this form.

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. Within the last ten (10) years, were you ever a party to any ***civil action*** involving dishonesty, breach of trust, or a financial dispute? ☐ Yes ☐ No If yes, please explain below.

10. Have you been convicted of, or pled guilty to criminal offense(s) other than civil traffic offenses, or for violating any corporate securities statute or insurance statute?

☐ Yes ☐ No If yes, please explain below. If space is insufficient, complete and attach the addendum page at the end of this form.

Dated and signed this _____ day of _____, 20 _____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 known to me, or ☐ who produced the following identification:

_____

[SEAL]

_____

Notary Public

_____

Printed Notary Name

_____

My Commission Expires

COMMERCE DEPARTMENT

Company Name: _____

NAIC No.: _____

The Employment Addendum page is used for additional responses carried over from biographical affidavit question 7. Unused sections may be left blank. The Employment Addendum should be signed by the affiant.

List complete employment record for the past ten (10) years.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State & Postal Code	
Offices/Positions Held (If more than one position held list all.)	
Supervisor Contact	

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State & Postal Code	
Offices/Positions Held (If more than one position held list all.)	
Supervisor Contact	

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State & Postal Code	
Offices/Positions Held (If more than one position held list all.)	
Supervisor Contact	

Affiant Signature: _____ Date: _____

COMMERCE DEPARTMENT

Company Name: _____

NAIC No.: _____

The Licenses Addendum page is used for additional responses carried over from biographical affidavit question 8. Unused sections may be left blank. The Licenses Addendum page should be signed by the affiant.

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 ten (10) years.

Organization/Issuer of License	
Address	
City, State & Postal Code	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	

Organization/Issuer of License	
Address	
City, State & Postal Code	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	

Organization/Issuer of License	
Address	
City, State & Postal Code	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	

Affiant Signature: _____ Date: _____

COMMERCE DEPARTMENT

Company Name: _____

NAIC No.: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Attachments included as addendums should be signed by the affiant.

Affiant Signature: _____ Date: _____