JOHN DOAK, COMMISSIONER
OKLAHOMA INSURANCE DEPARTMENT

3625 NW 56th St Suite 100
Oklahoma City, OK 73112
(405) 521-3966 • FAX (405) 522-2640

BIOGRAPHICAL AFFIDAVIT

For purposes of this Questionnaire only, the term "entity regulated by the Department" includes all "Service Warranty Associations", other than an authorized insurer, issuing service warranties as defined in Title 15 O.S. §141.1.

All Questions on this form should be answered fully. If a Question is not applicable, please put "Not Applicable" or "N/A". If more space is needed, additional sheets may be attached. Please print (in ink) or type all answers.

1. _____ *Maiden Name* _____
(Last) (First) (Middle)

Date of Birth _____/_____/_____ *Place of Birth* _____
Mo. Day Yr. (City, County, State)

Soc. Sec. No. _____/____/_____

Occupation/Profession _____

2. State the full name and address of the present or proposed entity under which this biographical statement is being required.

_____

3. Your current or proposed position with the present or proposed entity

_____

4. *List your residences for the last ten (10) years beginning with your current address and going backward:*

Dates	*Address*	*City, County, State*

5. *Education. Please list the most recent education first.*

College/University	*Dates Attended*	*Degree Obtained*
Other Training		

6. *Business and employment record for the past ten (10) years. Please list the most recent first. Include all director and officer positions held.*

Dates	*Employer's Name*	*Address & Telephone*	*Offices/Positions Held*
May present employer be contacted? ☐ *Yes* ☐ *No*			

7. *List other current business activities*

8. a) *Have you or your spouse ever been affiliated with or in any way connected with an insurance entity regulated by the Department of Insurance?* ☐ *Yes* ☐ *No*

   b) *If "yes", please list all such entities:*

9. a) *Do you or members of your immediate family have or will have an ownership interest of any kind in the present or proposed entity?* ☐ *Yes* ☐ *No*

b) If "yes, please explain:

10. a) Have you ever used an alias or a different name? ☐ Yes ☐ No

b) If "yes", list all other names used and give full explanation with supporting documentation.

11. a) Have you ever been bonded? ☐ Yes ☐ No

b) If "yes":

1. Were any claims ever made or attempted to be made against your bond? ☐ Yes ☐ No
2. Has your bond ever been canceled or revoked? ☐ Yes ☐ No
3. Has your application for bond ever been declined? ☐ Yes ☐ No
4. If the response to 1, 2 or 3 is "yes", please provide reasons:

12. a) Have you ever been licensed as an insurance agent, broker, solicitor, adjuster or claims investigator in Oklahoma or any other state? ☐ Yes ☐ No

If "yes":

1. State(s) _____
2. Date license(s) held _____
3. License number(s) _____
4. Name of issuer of license(s) _____

13. List any other occupational, professional or vocational licenses you have ever held and identify the state(s), the dates license(s) held, and the license number(s).

14. List any entities regulated by the Department in which you control directly or indirectly or own legally or beneficially five percent (5%) or more of the outstanding stock (in voting power).

If any of the stock is pledged or hypothecated in any way, give details:

15. List memberships in professional societies and associations.

_____

16. Are you a citizen of any country other than the United States? ☐ Yes ☐ No

If "yes", what country? _____

17. Have you ever:

a) Been refused an occupational, professional or vocational license or permit by any regulatory authority or any public, administrative or governmental licensing agency? ☐ *Yes* ☐ *No*

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* ☐ *No*

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* ☐ *No*

d) Been charged with, or indicted for, any criminal offense(s) other than minor traffic offenses? ☐ *Yes* ☐ *No*

e) Pled guilty, or nolo contendere, or been convicted of any criminal offense(s) other than minor traffic offenses? ☐ *Yes* ☐ *No*

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 minor traffic offenses? ☐ *Yes* ☐ *No*

g) Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership, rehabilitation, liquidation or conservatorship proceeding or any other similar proceeding? ☐ *Yes* ☐ *No*

h) 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 any federal or state law regulating 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* ☐ *No*

i) Been, within the last ten (10) years, a party to any civil action other than for minor traffic offenses? ☐ *Yes* ☐ *No*

j) 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* ☐ *No*

If the response to any question above is answered "yes", please provide full details.

18. *Has any entity while you were associated with that entity or within twelve (12) months after you left:*

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?* ☐ *Yes* ☐ *No*

c. *Been placed on probation or had a fine levied against it or against its permit, license or certificate of authority in any judicial, administrative, regulatory or disciplinary action?* ☐ *Yes* ☐ *No*

d. *Been charged with, or indicted for, any criminal offense?* ☐ *Yes* ☐ *No*

e. *Pled guilty to, or nolo contendere to, or been convicted of any criminal offense?* ☐ *Yes* ☐ *No*

f. *Had an 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?* ☐ *Yes* ☐ *No*

g. *Been insolvent or impaired?* ☐ *Yes* ☐ *No*

h. *Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership rehabilitation, liquidation or conservatorship proceeding or any other similar proceeding?* ☐ *Yes* ☐ *No*

i. *Been enjoined, either temporarily or permanently, in any judicial, administrative, regulatory or disciplinary action from violating any federal or state law regulating the business of insurance, securities or banking or from carrying out any particular practice or practices in the course of business insurance, securities or banking?* ☐ *Yes* ☐ *No*

j. *Been within the last ten (10) years a party to any civil action?* ☐ *Yes* ☐ *No*

If the response to any question above is answered "yes", please provide full details below:

I HEREBY CERTIFY, under penalty of perjury, that the foregoing answers, statements and information are true and correct.

I, the undersigned affiant, under penalty of perjury, do declare that I have carefully examined each of the questions asked in this BIOGRAPHICAL QUESTIONNAIRE and each of my responses hereto, and do solemnly swear or affirm that all of my responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

_____
(Typed Name)

_____ _____
(Signature) *(Date)*

NOTARY PUBLIC

BEFORE ME this day personally appeared _____(Typed name of Affiant) who, being duly sworn, deposes and says that he/she executed the above BIOGRAPHICAL QUESTIONNAIRE and that the answers, statements and information contained in this statement are true and correct.

Sworn to and subscribed before me this _____ day of _____, _____.

_____
Notary Public

(Notary Seal)

*My Commission Expires:*_____