



Florida Office of Insurance Regulation

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation (Office).

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal flor.gov/iportal and select Insurance Regulation Filing System (IRFS) to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office at the following link:

flor.gov/iportal

Any questions concerning this application packet may be directed to lhappcoord@flor.gov.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fee

Applicant must pay an application fee of \$500 U.S. Dollars, pursuant to section 626.99175(2), Florida Statutes. This fee is due at the time the application is filed and is not refundable.

Section I-2 Fingerprint Fees

Applicant is required to pay a fee directly to the vendor for the processing of the fingerprint cards required in Section VI-4. Please see Form OIR-C1-938, "Fingerprints and Social Security Number" for instructions.

Section I-3 Application Checklist and Certification

Applicant must fully complete the Application Checklist and Certification and submit them with the application.

SECTION II - LEGAL

Section II-1 Organizational Documents

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Bylaws or Similar Documents

Submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless Applicant does not have this position.

Section II-3 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of business entities in the Applicant's home state, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

OIR-C1-1663

Effective: 08/26

Rule: 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

Section II-4 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-5 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-6 Fictitious Name Filing

If Applicant plans to utilize a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

SECTION III - FINANCIAL

Section III-1 Plan of Operations

The Office must have a clear understanding of the present and proposed operations of Applicant. Provide a narrative of Applicant's business plan of operations including, but not limited to, the following information and documentation:

A. History

- i. A brief history of Applicant, including full name (present, prior, legal, and fictitious names, if applicable), age, residence address, business address, and all occupations engaged in by Applicant during the 5 years preceding the date of the application.
- ii. Complete information concerning any criminal, civil, or administrative actions pending or final against Applicant and any litigation brought in connection with the business of the issuance of life expectancies used in connection with a viatical settlement contract or viatical settlement investment, or any other administrative, civil or criminal action in which Applicant has been named as a defendant or co-defendant.
- iii. Statement as to whether or not any viatical settlement broker, viatical settlement provider, or insurance agent in the business of viatical settlements in this state, directly or indirectly, owns or is an officer, director, or employee of Applicant.

B. Organizational Chart

Furnish a complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any affiliated entities, clearly stating all ownership percentages.

OIR-C1-1663

Effective: 08/26

Rule: 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

C. Business Operations

- i. A general description of the following policies and procedures covering all life expectancy determination criteria and protocols:
 - 1. The plan or plans of policies and procedures used to determine life expectancies.
 - 2. A description of the training, including continuing training, of the individuals who determine life expectancies.
 - 3. A description of how Applicant updates its manuals, underwriting guides, mortality tables, and other reference works and ensures that Applicant bases its determination of life expectancies on current data.
 - ii. Applicant's plan for assuring confidentiality of personal, medical, and financial information in accordance with federal and state laws.
 - iii. A list of persons performing life expectancies and a description of their experience.
- D. Any other information Applicant deems pertinent to its application that will assist the Office in determining if Applicant has met the minimum statutory requirements for registration.

Section III-2 Anti-Fraud Plan

Provide a copy of Applicant's anti-fraud plan that complies with section 626.99278, Florida Statutes, which Applicant will file with the Florida Department of Financial Services' Division of Investigative and Forensic Services, as per the above statute.

Section III-3 Addresses and Location of Books and Records

Provide the following addresses and corresponding telephone numbers, where applicable:

- A. Home office;
- B. Administrative office;
- C. Mailing;
- D. Florida office;
- E. Location of records pertaining to the life expectancy business of Applicant; and
- F. Location of any storage facility where books or records pertaining to the life expectancy business of Applicant are or will be stored.

OIR-C1-1663

Effective: 08/26

Rule: 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

SECTION IV - AGREEMENTS, CONTRACTS, OR OTHER ARRANGEMENTS

Provide a list of any agreements, contracts, or any other arrangements to provide life expectancies to a viatical settlement provider, viatical settlement broker, or any other person in the business of viatical settlements in connection with any viatical settlement contract or viatical settlement investment.

SECTION V - AUDIT OF LIFE EXPECTANCIES

As part of the application, and on or before March 1 or every 3 years thereafter, Applicant is required to file with the Office an audit of all life expectancies by Applicant for the 5 calendar years immediately preceding such audit, which audit shall be conducted and certified by a nationally recognized actuarial firm and shall include the following information:

- A.** A mortality table;
- B.** The number, percentage, and an actual-to-expected ratio of life expectancies in the following categories:
 - i.** Life expectancies of less than 24 months
 - ii.** Life expectancies of 25 to 48 months
 - iii.** Life expectancies of 49 to 72 months
 - iv.** Life expectancies of 73 to 108 months
 - v.** Life expectancies of 109 to 144 months
 - vi.** Life expectancies of 145 to 180 months
 - vii.** Life expectancies of more than 180 months

The audit of life expectancies must comply with the requirements of section 626.99175(5), Florida Statutes, and Rule 69O-204.201(3), Florida Administrative Code.

SECTION VI - MANAGEMENT

Section VI-1 Management Information Forms

Submit a Management Information Form OIR-C1-2221 showing the name, business and residence addresses, and official position of each individual who is responsible for the conduct of Applicant's affairs, including, but not limited to, all members of Applicant's board of directors, board of trustees, executive committee, or other governing board or committee, and any person or entity owning or having the right to acquire 10% or more of the voting securities of Applicant, up to and including any 10% or greater interest holders of the ultimate parent, and also any person performing life expectancies by Applicant. A separate Management Information Form should be submitted for each entity.

OIR-C1-1663

Effective: 08/26

Rule: 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section VI-2 Biographical Information Package

Each person listed in Section VI-1, must submit a complete Biographical Information Package. The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- OIR-C1-938, "Fingerprints and Social Security Number"
- OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank"
- OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education"
- OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment"
- OIR-C1-0503, "UCAA Biographical Affidavit Addendum General"
- OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses"
- OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional"
- OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence"
- OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies"
- OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure"

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized. All questions must be answered. All "Yes" answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section VI-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@flor.gov who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to Applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at <https://content.naic.org/industry-ucaa-third-party>.

OIR-C1-1663

Effective: 08/26

Rule: 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

Applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@flair.com.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section VI-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section VI-2 must also submit their fingerprints to the Office. Please refer to our website at flair.gov/company-admissions/fingerprinting-procedures for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071 (5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

- ☐ **Applicant Acknowledges:** Pursuant to sections 626.99175(3) & (7), Florida Statutes, if any of the information submitted in the application for registration changes subsequent to registration, the registrant shall notify the Office in writing and provide documentation evidencing such changes within 45 days. Changes in the registrant's name, residence address, principal business address, or mailing address requires at least 30 days advance notice.

SECTION I - APPLICATION FORM & FEES

- ☐ 1. Application fee paid
- ☐ 2. All fingerprint fees paid electronically
- ☐ a. Copies of online payment confirmation
- ☐ 3. Application Certification

SECTION II - LEGAL

- ☐ 1. Organizational Documents (Articles of Incorporation or equivalent documents)
- ☐ a. Certified by domiciliary jurisdiction
- ☐ 2. Bylaws (or equivalent documents)
- ☐ a. Certified by Secretary
- ☐ 3. Certificate of Status from state of domicile
- ☐ 4. Certificate of Status from Florida
- ☐
- ☐ 5. Authorization Letter
- ☐ 6. Fictitious Name Filing (if applicable)

OIR-C1-1663

Effective: 08/26

Rule: 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

CHECKLIST

Applicant Name: _____

SECTION III - FINANCIAL

- ☐ 1. Plan of Operations, including, but not limited to:
 - ☐ a. History
 - ☐ i. Brief history of Applicant
 - ☐ ii. Complete information regarding litigation or other legal actions
 - ☐ iii. Statement regarding owners and employees
 - ☐ b. Organizational chart
 - ☐ c. Business operations
 - ☐ i. General description of the following:
 - ☐ 1. Determination of life expectancies
 - ☐ 2. Training
 - ☐ 3. Updating reference works
 - ☐ ii. Plan for confidentiality
 - ☐ iii. List of persons performing life expectancies and experience
 - ☐ d. Other relevant information
- ☐ 2. Copy of anti-fraud plan
- ☐ 3. Addresses and phone numbers for the following locations:
 - ☐ a. Home office
 - ☐ b. Administrative office
 - ☐ c. Mailing
 - ☐ d. Florida office
 - ☐ e. Location of records pertaining to life expectancy business
 - ☐ f. Location of storage facilities

SECTION IV – Agreements, Contracts, or Other Arrangements

- ☐ 1. List of agreements, contracts, or other arrangements to provide life expectancies

OIR-C1-1663

Effective: 08/26

Rule: 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

CHECKLIST

Applicant Name: _____

SECTION V – AUDIT OF LIFE EXPECTANCIES

1. Applicant has provided:

☐

a. Mortality table

b. Number, percentage, and actual-to-expected ratio of life expectancies for the following:

☐

i. Life expectancies of less than 24 months

☐

ii. Life expectancies of 25 to 48 months

☐

iii. Life expectancies of 49 to 72 months

☐

iv. Life expectancies of 73 to 108 months

☐

v. Life expectancies of 109 to 144 months

☐

vi. Life expectancies of 145 to 180 months

☐

vii. Life expectancies of more than 180 months

SECTION VI - MANAGEMENT

☐

1. Management Information Forms (Form OIR-C1-2221)

☐

a. Submitted for all required entities

☐

2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals

☐

a. All information completed (no blanks)

☐

b. "Yes" answers explained

☐

c. Signed

☐

d. Notarized

☐

3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.

☐

a. Proof of order and confirmation of payment submitted to the Office

☐

4. Fingerprint cards for all required individuals (Form OIR-C1-938)

☐

a. All information completed (no blanks)

☐

b. Signed

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

APPLICATION CERTIFICATION

To be executed by Applicant if an individual or Applicant's President or equivalent officer if not an individual.

The undersigned states that they have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to be licensed as a life expectancy provider in Florida; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represents that they have the authority to bind Applicant, and that by their signature on the instrument, Applicant has executed the instrument.

The undersigned understands that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to section 837.06, Florida Statutes, punishable as provided in section 775.082 or section 775.083, Florida Statutes.

By: _____

[Corporate Seal]

Print Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or

☐ online notarization, this ____ day of _____ 20____, by _____
(name of person)

as _____ for _____.
(type of authority; e.g., officer) (company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires _____

OIR-C1-1663

Effective: 08/26

Rule: 69O-136.100, F.A.C.



Florida Office of Insurance Regulation

Management Information Form

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Officers, Directors, Executive Directors, 10% (5% if an HMO) or Greater Shareholders, Managers, Members, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Incorporators, Key Individuals, and other like positions. Please type or print clearly.

Name of Entity: _____

Names (Individuals)

Title (e.g.: President)

Ownership (Entities & Individuals)

Ownership %

*Additional pages in like format may be attached as necessary

OIR-C1-2221

Effective: 08/26

Rule: 69O-136.100, F.A.C.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Form A UCAA Type: UCAA Type Other: Other

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Applicant Company Name

Address: Applicant Company Address

City: Applicant Company City

State/Province: State/Province

Postal Code: Postal Code

Phone: Phone

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: First Name Middle: Middle Name Last: Last Name

2. a. Are you a citizen of the United States?

☐ Yes

☐ No

b. Are you a citizen of any other country?

☐ Yes

☐ No

If yes, what country? If yes, what country?

3. Affiant's occupation or profession: Affiant's occupation or profession

4. Affiant's business address: Affiant's business address

Business telephone: Business telephone

Business email: Business email

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
---------------------------	-------------------	-------------------------------	------------------------

<u>College/University (C/U)</u>	<u>C/U City/State</u>	<u>MM/YY-MM/YY</u>	<u>Degree Obtained</u>
---------------------------------	-----------------------	--------------------	------------------------

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
-------------------------	---------------------------	-------------------	-------------------------------	------------------------

<u>Graduate Studies (GS)</u>	<u>GS College/University</u>	<u>GS City/State</u>	<u>MM/YY-MM/YY</u>	<u>GS Degree Obtained</u>
------------------------------	------------------------------	----------------------	--------------------	---------------------------

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
-----------------------------	-------------------	-------------------------------	--------------------------------------

<u>Other Training: Name (OT)</u>	<u>OT City/State</u>	<u>MM/YY-MM/YY</u>	<u>OT Degree/Certification Obtained</u>
----------------------------------	----------------------	--------------------	---

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>

7. Present or proposed position with the Applicant Company: Present or proposed position with the Applicant Company

8. List complete employment record for the past twenty (20) 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. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business Supervisor/Contact: Supervisor/Contact

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

9. 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: Give Details

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

☐ Yes ☐ No

If yes, give details: Give Details

10. 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. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Question 10, Give Details

Organization/Issuer of License: Org/Issuer License

Address: Address

City: City

State/Province: State/Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM/YY

Date Expired (MM/YY): MM/YY

Reason for Termination: Reason for Termination

Non-Insurance Regulatory Phone Number (if known): Phone Number

Organization/Issuer of License: Org/Issuer License

Address: Address

City: City

State/Province: State/Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM/YY

Date Expired (MM/YY): MM/YY

Reason for Termination: Reason for Termination

Non-Insurance Regulatory Phone Number (if known): Phone Number

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. 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 civil traffic offenses?

☐ Yes ☐ No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil 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 civil traffic offenses?

☐ Yes ☐ No

g. 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, state law or law of another country regulating the 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

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

☐ Yes ☐ No

i. 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

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

☐ Yes ☐ No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

If yes, provide details including dates, locations, dispositions, etc.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

List any entity subject to regulation by an insurance regulatory authority that control directly or indirectly.

If any of the stock is pledged or hypothecated in any way, give details. Give details if stock is pledged or hypothecated.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

☐ Yes ☐ No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Provide Details.

If any of the shares of stock are pledged or hypothecated in any way, give details.

If shares are pledged or hypothecated, give details.

14. Have you ever been adjudged a bankrupt?

☐ Yes ☐ No

If yes, provide details: If yes, provide details.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. Group Code(s).

- 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 (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

☐ 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 civil, criminal, administrative, regulatory, or disciplinary action?

☐ Yes ☐ No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

If the answer to any of the above is yes, please indicate and give details.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

Dated and signed this Day day of Month 20Year at Click or tap here to enter text.. 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.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this Day day of Month, 20Year by By., and: ☐ who is personally known to me, or ☐ who produced the following identification:

Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Form A UCAA Type: UCAA Type Other: Other

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Applicant Company Name

Address: Applicant Company Address

City: Applicant Company City

State/Province: State/Province

Postal Code: Postal Code

Phone: Phone

1. Affiant's Full Name (Initials Not Acceptable): First: First Name Middle: Middle Name Last: Last Name
IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS
COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

☐ Yes ☐ No

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</u>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</u>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: XXX-XX-XXXX.

4. Government Identification Number if not a U.S. Citizen:

Government ID Number:

Govt. ID Number

Govt. ID Number

Govt. ID Number

Country of Issuance:

Country of Issuance

Country of Issuance

Country of Issuance

5. Foreign Student ID# (if applicable): Foreign Student ID Number

6. Date of Birth: (MM/DD/YY): MM/DD/YY

State/Province: State/Province

Place of Birth, City: Place of Birth, City

Country: Country

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

7. Name of Affiant's Spouse (if applicable): Name of Affiant's Spouse

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY.</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY.</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY.</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY.</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY.</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this Day day of Month, 20Year at Click or tap here to enter text.. 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.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this Day day of Month, 20Year by By., and: ☐ who is personally known to me, or ☐ who produced the following identification:

Produced the following identification.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Company Name. [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Company's Designated Person, Position or Department, Address and Phone. [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Printed Full Name and Residence Address.
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this Day day of Month, 20Year by By., and: ☐ who is personally known to me, or ☐ who produced the following identification:

Produced the following identification.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Company Name. [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Company's Designated Person, Position or Department, Address and Phone. [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Printed Full Name and Residence Address.
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this Day day of Month, 20Year by By., and: ☐ who is personally known to me, or ☐ who produced the following identification:

Produced the following identification.

[SEAL]

Notary Public

Printed Notary Name

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

My Commission Expires

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of Company Name, [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Name of CRA and Address, [name of CRA, address] ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Company's Designated Person, Position or Department, Address and Phone, [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Printed Full Name and Residence Address.
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this Day day of Month, 20Year by By, and: ☐ who is personally known to me, or ☐ who produced the following identification: Produced the following identification.

[SEAL]

Notary Public

Printed Notary Name

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

My Commission Expires

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Blank

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____



UCAA Biographical Affidavit Addendum Education

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____ Date: _____

Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____ Date: _____

Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Affiant Signature: _____ Date: _____

Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Employment

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List complete employment record for the past twenty (20) 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. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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

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

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

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

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum General

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:

Addendum pages are used for additional responses carried over from the biographical affidavit questions. The question number and response should be provided in the format below and signed by the affiant (unused sections may be left blank. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Licenses

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Licenses Addendum pages are used for additional responses carried over from the biographical affidavit question 10. Responses must be completed in the format provided below (unused sections may be left blank). The Licenses Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Professional

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Professional Societies and Associations Addendum pages are used for additional responses carried over from the biographical affidavit question 6. Responses must be completed in the format provided below (unused sections may be left blank). The Professional Societies and Associations Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List of memberships in professional societies and associations:

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Residence

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Residence Addendum pages are used for additional responses carried over from the biographical affidavit supplemental personal information question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Residence Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Affiant Signature: _____ Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Residence Addendum pages are used for additional responses carried over from the biographical affidavit supplemental personal information question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Residence Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Affiant Signature: _____ Date: _____

Page ____ of ____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Societies

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Professional Societies and Associations Addendum pages are used for additional responses carried over from the biographical affidavit question 6. Responses must be completed in the format provided below (unused sections may be left blank). The Professional Societies and Associations Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List of memberships in professional societies and associations:

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Affiant Signature: _____ Date: _____

Page _____ of _____



Florida Office of Insurance Regulation

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT COVER LETTER HOLDING COMPANY STRUCTURE

Affiant Name: _____

Group Name: _____

Group Code: _____

Purpose of Affidavit: _____

Applicant Company: _____

Insurers listed under group code:

Company Name and Address	NAIC Cocode	Position with the Company	Effective Date of Position

Applicant Company Representative Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Signature Date: _____

Addendum Page for additional insurers listed under group code:

[illegible]

Addendum Page for additional insurers listed under group code:

[illegible]