BIOGRAPHICAL AFFIDAVIT

(Print or Type)

| Fu | Full Name and Address of Applicant (Do not use Group Names). | | | |
|-------------|---|--|--|--|
| | | | | |
| Bu | siness Phone: | | | |
| ply if s | connection with the above-named applicant, I herewith make representations and sup- v information about myself as hereinafter set forth. (Attach addendum or separate sheet space hereon is insufficient to answer any question fully.) N/A IS NOT AN ACCEP- LBE ANSWER IF ANSWER IS 'NO' OR 'NONE', SO STATE. | | | |
| 1. | Affiant's Full Name (Initials not acceptable). | | | |
| 2. | Have you ever had your name changed? If yes, give the reason for the change | | | |
| | Other names used at any time. | | | |
| 3. | Affiant's business address if different from above. | | | |
| 4. | Affiant's current residence address: | | | |
| 5 | Dressent on proposed position with applicant | | | |
| э. | Present or proposed position with applicant. | | | |
| 6. | Education: dates, names, locations and degrees. College. | | | |
| | Graduate Studies. | | | |

Other.

| 7. | List of memberships in professional societies and associations. |
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| | |

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

| DATE | EMPLOYER and ADDRESS | TITLE |
|--------------|--|--------------------------------|
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| | | |
| Have you eve | er been in a position that required a fidelity | bond? If any claims |
| were made o | n the bond, give details. | |
| | | |
| a) Have you | ever been denied an individual or position | schedule fidelity bond, or had |
| a bond cance | eled or revoked? If yes, give do | etails |
| | | |
| | | |

- 10. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination).
- 11. During the last ten- (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regula-

9.

| tory authority, or has any such license held by you ever been suspended or revoked? If yes, give details |
|--|
| 12. Have you ever been adjudged a bankrupt? If yes, give details |
| 13. Have you ever been convicted or had a sentence imposed or suspended or had pro- nouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or <i>nolo contendere</i> to an information or indictment, charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been a subject of any disciplinary proceedings of any federal or state regulatory agency? If yes, give details |
| a) Has any company been so charged, allegedly as a result of any action or conduct on your part? If yes, give details |
| *** Dated and signed this day of 20 at If hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to be best of my knowledge and belief. |
| (Signature of Affiant) |
| State of |
| County of Personally appeared before me the above named person- ally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief. |
| Subscribed and sworn to before me this of20 |
| (Notary Public) My Commission Expires Seal |
| |