

**JOHN W. OXENDINE
OFFICE OF COMMISSIONER OF INSURANCE**

**STATE OF GEORGIA
ATLANTA, GEORGIA**

Biographical Affidavit

(Typewritten Only)

If you are an individual with a disability and wish to acquire this affidavit in an alternative format, please contact the ADA Coordinator at the Georgia Insurance Department, 2 Martin Luther King Jr. Drive, Atlanta, Georgia 30334 (404) 656-2056 / TDD (404) 656-4031.

Full Name and Address of Private Review Agent (Do Not Use Group Names).

In connection with the above-named private review agent, 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.

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

2. a. Have you ever had your name changed? _____ If yes, give the reason for the change. _____

b. Other names used at any time _____

3. Affiant's Business Address _____

4. Present or Proposed Position with the Applicant Organization _____

5. Present employer may be contacted. Yes No (Circle One)

6. List any professional licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the last ten (10) years (state date license issued, issuer of license, date terminated, reasons for termination).

7. Has the certificate of authority or license to do business of any private review agent of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____ If yes, give details:

Dated and signed this _____ day of _____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20__.

(Notary Public)

(SEAL) My Commission Expires