

# 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: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_D Page\_\_\_\_ of \_\_\_\_\_

\_FEIN: \_\_\_\_\_\_

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### UCAA Biographical Affidavit Addendum Education

Applicant Company Name:

| 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:\_\_\_\_\_ Page\_\_\_\_ of \_\_\_\_\_

Date:\_\_\_\_\_

©2023 National Association of Insurance Commissioners OIR-C1-0501 Rev.: 07/23 Rule: 690-136.100

FORM 11b - Education

OIR-C1-0501 Rev.: 07/23 Rule: 690-136.100

Affiant Signature:\_\_\_\_\_

Revised 06/13/2022

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** 

Page 2 of 3

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

NAIC No.:\_\_\_\_\_\_ FEIN:\_\_\_\_

Date:

\_\_\_\_\_ 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 |  |

Affiant Signature:\_\_\_\_\_

Page\_\_\_\_ of \_\_\_\_\_

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Revised 06/13/2022 FORM 11b - Education

Date:\_\_\_\_\_



## 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:

Page\_\_\_\_ of \_\_\_\_\_

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Applicant Company Name: \_\_\_\_\_

NAIC No.:

FEIN:

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| 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  |  |
| Supervisor Contact  |  |
|   |  |
| Beginning/Ending Date (MM/YY)   |  |
| Beginning/Ending Date (MM/YY)<br>Employer's Name  |  |
|   |  |
| Employer's Name   |  |
| Employer's Name<br>Address  |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code  |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business<br>Supervisor Contact   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business<br>Supervisor Contact<br>Beginning/Ending Date (MM/YY)  |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business<br>Supervisor Contact<br>Beginning/Ending Date (MM/YY)<br>Employer's Name   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business<br>Supervisor Contact<br>Beginning/Ending Date (MM/YY)<br>Employer's Name<br>Address  |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business<br>Supervisor Contact<br>Beginning/Ending Date (MM/YY)<br>Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more                                      |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business<br>Supervisor Contact<br>Beginning/Ending Date (MM/YY)<br>Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country   |  |
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Affiant Signature:\_\_\_\_\_ Page\_\_\_\_\_ of \_\_\_\_\_ \_Date:\_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

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| 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  |  |
| Supervisor Contact  |  |
|   |  |
| Beginning/Ending Date (MM/YY)   |  |
| Beginning/Ending Date (MM/YY)<br>Employer's Name  |  |
|   |  |
| Employer's Name   |  |
| Employer's Name<br>Address  |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code  |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)   |  |
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| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business<br>Supervisor Contact<br>Beginning/Ending Date (MM/YY)<br>Employer's Name   |  |
| Employer's Name<br>Address<br>City, State/Province & Postal Code<br>Country<br>Offices/Positions Held (If more<br>than one position held list all.)<br>Type of Business<br>Supervisor Contact<br>Beginning/Ending Date (MM/YY)<br>Employer's Name<br>Address  |  |
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Affiant Signature:\_\_\_\_\_ Page\_\_\_\_\_ of \_\_\_\_\_ \_Date:\_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

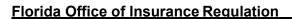
NAIC No.:

FEIN:

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

Affiant Signature:\_\_\_\_\_ Page\_\_\_\_\_ of \_\_\_\_\_ \_Date:\_\_\_\_\_





Applicant Company Name:\_\_\_\_\_

\_FEIN: \_\_\_\_\_\_

| NAIC  | No · |
|-------|------|
| INAIC | 110  |

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:                |   |
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| Question #:              |   |
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| Question #:<br>Response: |   |
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| Response:                |   |
| Response:<br>Question #: |   |
| Response:                |   |
| Response:<br>Question #: |   |
| Response:<br>Question #: |   |
| Response:<br>Question #: |   |

| Applicant Company Name:                               |       |                   |
|---|-------|-------------------|
| NAIC No.:   | FEIN: |                   |
| Question #:   |       |                   |
| Response:   |       |                   |
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| Question #:   |       |                   |
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| Question #:   |       |                   |
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| Response:   |       |                   |
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| Affiant Signatura:                                    | Data  |                   |
| Affiant Signature:<br>Page of                         | Date: |                   |
|   |       | evised 06/13/2022 |
| ©2023 National Association of Insurance Commissioners |       | )RM 11b - General |

| Applicant Company Name: |       |  |
|-------------------------|-------|--|
| NAIC No.:               | FEIN: |  |
| Question #:             |       |  |
| Response:               |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
| Question #:             |       |  |
| Response:               |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
| Question #:             |       |  |
| Response:               |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |
| Question #:             |       |  |
| Response:               |       |  |
|                         |       |  |
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|                         |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |

Affiant Signature:\_\_\_\_\_ Page\_\_\_\_\_ of \_\_\_\_\_

Revised 06/13/2022 FORM 11b - General



### 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 \_\_\_\_\_

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Revised 06/13/2022 FORM 11b - Licenses

| <b>Applicant Company Name:</b> |  |
|--------------------------------|--|
|                                |  |

| 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 |  |

Page\_\_\_\_ of \_\_\_\_\_



### UCAA Biographical Affidavit Addendum Professional

| Applicant Company Name:            |  |
|------------------------------------|--|
| NAIC No.:                          | FEIN:  |
| The Professional Societies and Ass | sociations Addendum pages are used for additional responses carried over from the biographical |

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

Affiant Signature:

\_Date:\_\_\_\_



### 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:

Page\_\_\_\_ of \_\_\_\_

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Date:

| Applicar   | nt Comp | anv Na | me: |
|------------|---------|--------|-----|
| / upplicul | it comp |        | me. |

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<br>Postal Code         |  |

Page\_\_\_\_ of \_\_\_\_\_

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Revised 08/17/2022 FORM 11b - Residence



### **UCAA Biographical Affidavit Addendum Societies**

Applicant Company Name:

 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: |
| Pageof                             |       |

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