

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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_FEIN: ______

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_FEIN: ______

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_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:_____

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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:

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

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

Affiant Signature:_____ Page_____ of _____ _Date:_____

Applicant Company Name: _____

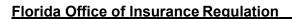
NAIC No.:

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

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:	
Question #:	
Response:	
	Т
Question #:	
Question #: Response:	
Response:	
Response: Question #:	
Response:	
Response: Question #:	
Response: Question #:	
Response: Question #:	

Applicant Company Name:		
NAIC No.:	FEIN:	
Question #:		
Response:		
Question #:		
Response:		
Question #:		
Response:		
Question #:		
Response:		
Affiant Signatura:	Data	
Affiant Signature: Page of	Date:	
		evised 06/13/2022
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Applicant Company Name:		
NAIC No.:	FEIN:	
Question #:		
Response:		
Question #:		
Response:		
Question #:		
Response:		
Question #:		
Response:		

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

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	

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

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)	
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State/Province	
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Beginning/Ending Dates (MM/YY)	
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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	

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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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