



New Hampshire Insurance Department
Continuing Care Retirement Community
Biographical Affidavit (Please print or type)

Full Name and Address of Continuing Care Provider:

To the extent permitted by law, this affidavit will be kept confidential by the New Hampshire Insurance Department. The Affiant may be required to provide additional information during the verification process.

Specify Purpose for Completion:

Application for Certificate of Authority:_____ New Affiant:_____ Current Affiant Update:_____

- (1) Affiant's Full Name and position (officer, trustee, investor, owner of more than 5%, or Executive

Director or equivalent title):

- (2) Have you ever had your name changed?_____ If yes, provide the reason for the name change:

Other names used at any time:_____

- (3) Affiant's Business Address:_____

- (4) Affiant's Telephone Number(s): Work:_____ Cell: _____

- (5) Affiant's educational background, including the name and location of any colleges or universities attended, the dates of attendance, and any degrees earned:

- (6) Listing of the Affiant's membership in any professional societies and associations:

- (7) Affiant's present or proposed position with the Continuing Care Provider (if different from (1) above):

- (8) Listing of the Affiant's complete employment record up to and including present jobs, positions, directorates, or officer-ships for the past 10 years giving the dates of employment, the name and address of each employer and the job title held:

<u>Dates of Employment</u>	<u>Employer's Name</u>	<u>Employer's Address</u>	<u>Job Title Held</u>

(9) May the Affiant's present employer be contacted? _____

(10) May the Affiant's former employers be contacted? _____

(11) Has the Affiant ever been in a position which required a fidelity bond? _____

(12) If the answer to (11) above is affirmative, and if any claims were made on the bond, the Affiant shall state the details of each such claim: _____

(13) Has the Affiant ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? _____

(14) If the answer to (13) above is affirmative, provide a statement as to the details of each denial, cancellation or revocation: _____

(15) Provide a listing of the professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which the Affiant presently holds or has held in the past, including the date the license was issued, the issuer of the license, the date the license was terminated and the reason for the termination: _____

(16) Has the Affiant, within the last 10 years, been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or had any such license held suspended or revoked? _____

(17) If the answer to (16) above is affirmative, the Affiant shall state the details of each denial, cancellation or revocation: _____

- (18) Provide a listing of the continuing care providers or health care facilities in which the Affiant controls, directly or indirectly, or owns legally or beneficially 10 percent or more of the outstanding voting stock, in voting power: _____

- (19) Provide a statement by the Affiant as to whether the Affiant or members of his or her immediate family will subscribe to or own, beneficially or of record, any shares of stock in the continuing care provider or in any affiliate of the continuing care provider: _____

- (20) If any of the shares or stock noted in the answer to (19) above are pledged or hypothecated in any way, the Affiant shall provide an explanation of these circumstances including who the shares are pledged to, the amount of the shares pledged and the total shares issued: _____

- (21) Provide a statement by the Affiant as to whether or not he or she has ever been a debtor in a title 11 bankruptcy proceeding: _____

- (22) Provide a statement by the Affiant, and details of if affirmative including date, nature and place of the charge and the outcome, as to whether the Affiant has ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or any fraud, or charging a violation of any corporate securities statute or any insurance law: _____

- (23) Has the Affiant ever been the subject of any disciplinary proceedings of any federal or state regulatory agency, and provide details including date, nature of charge and outcome if affirmative: _____

- (24) Provide a statement by the Affiant as to whether or not any company has ever been charged as in (22) above, allegedly as a result of any action or conduct on the part of the Affiant: _____

- (25) Provide a statement by the Affiant as to whether or not the Affiant has ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any company or organization which, while the Affiant occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship or filed bankruptcy: _____

(26) Provide a statement by the Affiant, and details including date, nature of the suspension and disposition if affirmative, as to whether or not the certificate of authority or license to do business of any provider or company of which the Affiant was an officer, or director or key management person has ever been suspended or revoked while the Affiant occupied such position:

Dated and signed this _____ day of _____ 20__ at _____. I hereby certify under the pains and penalties 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 any international searches.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was subscribed and sworn to before me this ____ day of _____, 20__ by _____, and: [] who is personally known to me, or [] who produced the following identification: _____.

[SEAL]

My Commission Expires:

Notary Public

Printed Notary Name