

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
BIOGRAPHICAL AFFIDAVIT
FOR
HEALTH MAINTENANCE ORGANIZATION (HMO)**

Full Name and Address of HMO: _____

In connection with the above-named HMO, 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 fully any question.) IF ANSWER IS "NO" OR "NONE", SO STATE.

1. Affiant's Full Name:

2. Have you ever used an alias, an assumed name, another name or had your name changed?

If yes, give the reason for the change:

3. Affiant's Social Security Number:

4. Date and Place of Birth:

5. Residence Address:

6. Business Address:

Business Telephone: (_____) _____

7. List places of residence for the last ten (10) years, starting with your current address:

8. Present or Proposed Position with the Applicant HMO:

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

Dates Employer and Address Title

10. a. Have you ever been in a position which required a fidelity bond?:

If any claim was made on the bond, provide details:

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? Were any claims made or attempted to be made?

11. Education (Provide dates, names, locations, degrees and field of study):
College

Graduate Studies

Other _____

12. Experience in the field of HMOs, managed care or experience in the areas of fully insured and self-insured administration:

13. Memberships in Professional Societies and Associations:

14. 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. (Provide dates, issuer of license and reason for termination.)

15 a. Companies subject to the jurisdiction of an insurance commissioner which you control directly or indirectly or in which you own legally or beneficially 10% or more of the outstanding stock (in voting power):

b. If any of the stock is pledged or hypothecated in any way, provide details:

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant HMO or its affiliate? If yes, list.

17. Have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? If yes, provide details.

18. Have you ever been adjudged bankrupt?

19. Have you ever been convicted or had a sentence imposed or suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an indictment charging any crime involving fraud, dishonesty or moral turpitude, or charging 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, provide details.

20. Have you ever been an officer, director, manager, trustee or controlling stockholder of any company which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? If yes, provide details.

21. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? If yes, provide details.

22. Are you a citizen of any country other than the United States? If yes, what country?

I HEREBY CERTIFY, under penalty of perjury, that the foregoing answers, statements, and information are true and correct.

I, the undersigned affiant, under penalty of perjury, do declare that I have carefully examined each of the questions asked in this BIOGRAPHICAL AFFIDAVIT and each of my responses thereto, and do solemnly swear or affirm that all of my responses, information, exhibits and documentary evidence submitted in support thereof are true and correct.

(Typed Name)

(Signature) (Date)

County of _____

State of _____

BEFORE ME this day personally appeared _____
who, being duly sworn, deposes and says that he/she executed the above
BIOGRAPHICAL AFFIDAVIT and that the answers, statements and information
contained in this statement are true and correct.

Sworn to and subscribed before me this _____ day of
_____, 20__.

Notary Seal

Notary Public

My Commission Expires: _____

TO: Life and Health Division
North Carolina Department of Insurance
1201 Mail Service Center
Raleigh, NC 27699-1201
FORM MAY BE DUPLICATED WITHOUT MODIFICATION