Applicant Company Name:		
NAIC No.:	FEIN:	
	onal responses carried over from the biographical affidavit question 10. Responses must sed sections may be left blank). The Licenses Addendum pages must be signed by the for additional questions.	
agency or regulatory authority or licensing authorissuer, identify and provide the name, address an the license (s) issued. If your professional license r than five numbers that are reasonably identifiable	licenses (including licenses to sell securities) issued by any public or governmental licensing prity that you presently hold or have held in the past. For any non-insurance regulatory d telephone number of the licensing authority or regulatory body having jurisdiction over number is your Social Security Number (SSN) or embeds your SSN or any sequence of more le as your SSN, then write SSN for that portion of the professional license number that is 2-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is	
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		
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Reason for Termination		
Non-Insurance Regulatory Phone Number		
Affiant Signature:	Data	
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