

EXHIBIT _____
To applicant's application for license

“CONTROLLING PERSON” INFORMATION

This form must be completed for every controlling person, officer, director, partner, sole proprietor and any other owner of the applicant owning 10% or more of stock, ownership or any right of control in the professional employer organization or professional employer organization group.

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 any question fully.) If answer is “no”, “none” or inapplicable (n/a), so state.

1. Full Name and Address of Professional Employer Organization or Group to which this information applies:
2. Full Name (Initials Not Acceptable)
3. Have you ever had your name changed (YES or NO)

 If yes, give the reason for the change
4. Other names used at any time
5. List your residences for the last ten (10) years starting with your current address, giving the dates of residence, address, city, and state
6. Date and Place of Birth.
7. Business Address.
8. Business Telephone.
9. Social Security Number.
10. For every educational institution attended, list dates attended, names, locations and whether a degree was earned.
11. List memberships in any professional societies or associations.
12. The present or proposed position with the Applicant.
13. List your complete employment record, including present jobs, positions, directorates or officers positions, for the past twenty (20) years, giving dates, employer, address, and title.

14. Present employer may be contacted (YES or NO)?

15. Former employers may be contacted (YES or NO)?

16. Have you ever been in a position which required a fidelity bond (YES or NO)?

If any claims were made on the bond, give details.

17. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked (YES or NO)?

If yes, give details.

18. List any 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 (state date license issued, issuer of license, date terminated, reasons for termination).

19. During the last ten (10) years, 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 (YES or NO)?

If yes, give details.

20. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power).

21. If any of the stock is pledged or hypothecated in any way, give details.

22. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant or its affiliates (YES or NO)?

If any of the shares or stock are pledged or hypothecated in any way, give details.

24. Have you filed for protection under any federal or state bankruptcy laws or been the subject of an involuntary bankruptcy proceeding (YES or NO)?

If yes, give details

25. Have you 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 mail fraud, or charging a violation of any corporate securities statute or any insurance law,

or have you been subject of any disciplinary proceedings of any federal or state regulatory agency (YES or NO)?

If yes, give details.

26. During any period of time during which you were a controlling person (as defined above) been charged with any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or been subject of any disciplinary proceedings by any federal or state regulatory agency (YES or NO)?

If yes, give details.

27. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, been the subject of any voluntary or involuntary bankruptcy proceeding, became insolvent or placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?

If yes, give details.

28. Has any license pertaining to the business of any professional employer organization or group of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?

If yes, give details.

Dated and signed this _____ day of _____ at _____

I hereby certify under penalty 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.

(Signature of Affiant)

ACKNOWLEDGMENT

State of _____

County of _____

Personally appeared before me at the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)

(SEAL) My Commission Expires _____