

STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE
DECLARATION CONCERNING BIOGRAPHICAL AFFIDAVITS
CDI-041 (Rev. 11/2015)

Biographical affidavits have been provided for the following persons affiliated with

_____ :
(Applicant)

- All officers of _____.
(Applicant)
- Those directors, staff, and any other persons affiliated with _____ who manage the day-to-day grants and annuities activities of _____;
(Applicant)
- Those directors, staff, and any other persons affiliated with _____ who manage the reserve fund or who have access to the reserve fund;
(Applicant)
- Those directors, staff, and any other persons affiliated with _____ who make investment decisions for the reserve fund.
(Applicant)

Those persons are as follows:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, the undersigned affiant, under the laws of the State of California, do declare that, being duly authorized to do the same on behalf of the applicant, I have carefully examined each of the responses in this **Declaration Concerning Biographical Affidavits** and do solemnly swear or affirm that all of my responses are true and correct.

Dated and signed this _____ day of _____, 20_____, at _____,
(City)

(State)

Name of Officer Title

Signature of Officer