New York State Department of Financial Services

DIRECTOR'S AFFILIATIONS

Institution _____ Date _____ 20 ____

Name of Director _____ Originally Elected _____ 20 ____

Business _____ Term Expires _____ 20 ____

Please check which should be used as your mailing address.

( ) Business Address _____

( ) Home Address _____

Signature _____

BUSINESS AFFILIATIONS INCLUDING CORPORATIONS OF WHICH YOU ARE AN OFFICER OR DIRECTOR OR WHICH YOU CONTROL THROUGH STOCK OWNERSHIP AND PARTNERSHIPS OF WHICH YOU ARE A MEMBER

NAME OF FIRM OR CORPORATION	BUSINESS OF FIRM OR CORPORATION	OFFICIAL POSITION IN FIRM OR CORPORATION	PERCENT OF INTEREST OWNED	REMARKS
			%	
			%	
			%	
			%	
			%	
			%	
			%	