

**AA Guaranty Assurance Co., Inc.
Election of Members of the Board of Directors
NOMINATION FORM**

**Annual Stockholders' Meeting
June 30, 2020, 9:00 A.M.**

PLEASE CHECK PROPER BOX

- Nominee for Independent Director
 Not a nominee for Independent Director

NAME OF NOMINEE

CITIZENSHIP: _____ AGE: _____ DATE OF BIRTH: _____
(MM/DD/YYYY)

PLACE OF BIRTH: _____ NAME OF SPOUSE: _____

RESIDENTIAL
ADDRESS: _____ TEL. NO.: _____ CELL. NO.: _____

OFFICE
ADDRESS: _____ TEL. NO.: _____ CELL. NO.: _____

EDUCATIONAL BACKGROUND/ATTAINMENT: _____

FULL DISCLOSURE OF WORK AND/OR BUSINESS EXPERIENCE: _____

DIRECTORSHIP/POSITION IN OTHER
CORPORATIONS/ASSOCIATIONS: _____

STOCKHOLDINGS/SECURITY OWNERSHIP:

DIRECT: _____ INDIRECT: _____

CONVICTION, IF ANY, OF AN OFFENSE, JUDICIAL OR ADMINISTRATIVE, OR JUDICIAL DECLARATION OF
BEING INSOLVENT, SPEND THRIFT OR INCAPACITATED TO CONTRACT. IF APPLICABLE, PLEASE STATE:

<u>NATURE OF OFFENSE</u>	<u>COURT/BODY</u>	<u>DATE COMPLAINED/ INFORMATION WAS FILED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFORMITY & ACCEPTANCE:

SIGNATURE

SIGNATURE

PRINTED NAME OF NOMINEE

PRINTED NAME OF NOMINATOR-STOCKHOLDER
OR AUTHORIZED REPRESENTATIVE

DATE SUBMITTED

RELATION TO NOMINEE