Texas Department of InsuranceFinancial Regulation Division – Company Licensing and Registration Office, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3507 telephone • 512-490-1035 fax • www.tdi.texas.gov

BIOGRAPHICAL AFFIDAVIT FOR LIFE SETTLEMENT PROVIDERS OR BROKERS

	(Print or Type)				
Fu	Full Name and Address of the Company under which this Biographical Affidavit is Required:				
Na	ame:				
Ad	ldress:				
fol to	In connection with the above-named Company, I make the following representations and supply the following information about myself. (Attach addendum or separate sheet if space is insufficient to answer any questions fully.) <i>This form will be considered incomplete and unacceptable, IZgi Va JHNX with blank form fields.</i> If your answer is "no" or "none", then type "no" or "none."				
1.	Affiant's Business Address (if different from above):				
	Business Telephone:				
2.	2. Education: Dates, Names, Locations, and Degrees				
	College				
	Graduate Studies				
	Other				
3.	. Present or Proposed Position with the Company:				
4.	List complete employment record (up to and including present jobs, positions, directorates, or officerships) for the past ten (10) years:				
	Dates	Employer and Address	Title of Position Held		

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5.	licensing agenc	y or regulatory au	thority which you	presently hold of	oy any public or go or have held in the ns for termination):	past. (State
6.	license by any pheld by you eve		ental licensing ag d or revoked?	ency or regulate Yes No	ecupational, or voc ory authority, or ha	
7.	Excluding traffic	c violations and fire	st offense DWI:			
	any other instru				rges (by indictmer e or by the federal	
	any other state	er been convicted or by the federal g No		or any misdeme	anor or felony offe	nse in Texas, in
	Texas, in any of	er had adjudication ther state or by the No			or felony charge o	r offense in
	any other state	er served any peri or by the federal ç No		or any misdeme	anor or felony offe	nse in Texas, in
	larceny, mail fra		•		ments involve emb e or any insurance	
info ord offo lett app lea	ormation, or any ot der, order terminati iense. If the court si terhead stating that propriate jurisdictio ading to the offense	ther charging docum ng probation, comm tates it no longer ha t fact. If you were an on indicating a final o	nent, judgment of conunity supervision and the records, pleaser steed only and not disposition. You mude your age at the	onviction, and de- and parole certific ase have the coun- at prosecuted, ple- ust submit a state time(s) of the offe	e charging document ferred adjudication of ate for each and event the provide us with a lease ase provide a record ment describing the ense(s). You may pro- coriminal past.	order, probation ery crime or etter on its ds search from the circumstances
8.	•	⁻ have you been, v Yes No	within the past fiv If yes, furnish de	•	iff or defendant in	any

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- 9. Have you ever been adjudged a bankruptcy? Yes No If yes, furnish details:
- 10. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer or life settlement broker/provider which, while you occupied the position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation, or conservatorship?

Yes No If yes, furnish details:

11. Has the certificate of authority, license, registration, or eligibility to do business of any insurance company/life settlement company/HMO of which you were an officer, director, or key management person ever been suspended or revoked while you occupied the position?

Yes No If yes, furnish details:

12. Have you or has any corporation, partnership, association, or firm in which you were a director, officer, shareholder, manager, member, or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities, or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?

Yes No If yes, furnish details:

13. Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company, or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?

Yes No If yes, furnish details:

14. Have you ever had an agency or company appointment cancelled for cause (e.g., misrepresentation, misappropriation, etc.)? Yes No If yes, furnish details:

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Supplemental Personal Information

		: To the extent permitted by law, this affidavit w tory authority.	vill be kep	t confide	ential by the state insurance
1.	Affia	ant's Full Name (Initials are Not Acceptable):			
2.	a.	Have you ever had your name changed?	Yes	No	If yes, give reason for
		the change:			
	b.	Maiden Name (if applicable)			
	C.	Other names used at any time			
		iant's Social Security Number*: to Public Law 93-579, Disclosure of Social Se	curity Acc	ount Nu	mber.
4	Gov	vernment Identification Number if not a U.S. Cit	izen:		

City and State of Birth:

6. Name of Affiant's Spouse (if applicable)

7. Affiant's Home Address:

5. Date of Birth:

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Dated and signed this	day of		, 20 ,
at (city and state	this statement was execu	ited)	. I certify under
penalty of perjury that I the best of my knowled		ehalf, and that t	hese statements are true and correct to
		(ε	affiant's signature)
THE STATE OF		§	
COUNTY OF		8	
Before me,	(printed name of notary)		, on this day personally appeared
(printed name of	affiant)		, known to me to be, who, bein
			instrument and that the statements and is/her knowledge and belief.
Subscribed and sworn	to before me this	day of	, 20 .
(Notary S	(Notary Seal)		lic signature)
(Notary 3	ocai)	Notary Pub	olic, State of
		My Commi	ission Expires

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES. With few exceptions, you are entitled to be informed about the information that TDI collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Office of TDI's Legal Section at AgencyCounsel@tdi.texas.gov or visit the Corrections Procedure section of TDI's web page at www.tdi.texas.gov.

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