

Texas Department of Insurance Financial 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)

Full Name and Address of the Company under which this Biographical Affidavit is Required:

Name: _____

Address: _____

In connection with the above-named Company, 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 questions fully.) *This form will be considered incomplete and unacceptable, if submitted with blank form fields.* If your answer is "no" or "none", then type "no" or "none."

1. Affiant's Business Address (if different from above):

Business Telephone:_____

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

- 5. List any professional, occupational, or 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 was issued, issuer of license, date terminated, reasons for termination):
- 6. During the last ten (10) years, have you been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has such license held by you ever been suspended or revoked? ___ Yes ___ No

If yes, furnish details and attach supporting documentation:

7. Excluding traffic violations and first offense DWI:

a. Do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?

b. Have you ever been convicted of or pardoned for any misdemeanor or felony offense in Texas, in any other state or by the federal government?
Yes No

c. Have you ever had adjudication deferred on any misdemeanor or felony charge or offense in Texas, in any other state or by the federal government?

____ Yes ____ No

d. Have you ever served any period of probation for any misdemeanor or felony offense in Texas, in any other state or by the federal government?

____Yes ____No

e. If yes to any of the above, do the charges, convictions, or indictments involve embezzlement, theft, larceny, mail fraud, or a violation of any corporate securities statute or any insurance law?

If you answered **"Yes**" to any of questions Ï æ , you must submit copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificate for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact. If you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offense(s). You must include your age at the time(s) of the offense(s). You may provide letters of recommendations from any persons in contact with you that are aware of your criminal past.

8. Are you now, or have you been, within the past five years, a plaintiff or defendant in any lawsuit? ____ 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 any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? Á Áres Áres 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 such position? Á_ Áres __ Állo Áll 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?

Á Yes AWWNO AWWNf 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?

Á_###YesÁ___#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:

Supplemental Personal Information

Notice: To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

1. Affiant's Full Name (Initials are Not Acceptable):

2.	a.	Have you ever had your name changed? An the set that the set of th				
		the change:				
	b.	Maiden Name (if applicable)				
	C.	Other names used at any time				
Re	Affiant's Social Security Number: Refer to Public Law 93-579, Disclosure of Social Security Account Number. Government Identification Number if not a U.S. Citizen:					
5.	Da	e of Birth: City and State of Birth:				
6. I	6. Name of Affiant's Spouse (if applicable)					
7.7	7. Affiant's Home Address:					

Dated and signed this	day of	, 20,
at		. I hereby certify under
(city and state this	statement was executed)	

penalty of perjury that I am acting on my own behalf, and that these statements are true and correct to the best of my knowledge and belief.

	(affiant's signature)	
THE STATE OF	Ş	
COUNTY OF	\$ \$ \$	
Before me,	notary)	, on this day personally appeared
(printed name of affiant)		, known to me to be, who, being
duly sworn, deposes and says that he/sh answers contained therein are true and		
Subscribed and sworn to before me this	day of	, 20
(Notary Seal)	(notary public s	
	Notary Public, State of My Commission Expires	

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES. With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (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 Office of Agency Counsel, TDI's Legal Section at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.texas.gov.