

Texas Department of Insurance

Financial Regulation Division–Company Licensing & 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 (Print or Type)

| Full Name and Address of Company (Do Not Use Group Names): | | |
|--|---|--|
| add | onnection with the above-named company/HCC, I make representations and supply information about myself as follows. (Attach endum or separate sheet if space on this form is insufficient to answer any questions fully.) ANSWER IS "NO" OR "NONE", SO STATE. | |
| 1. | Affiant's Full Legal Name (Initials Not Acceptable): | |
| 2. | a. Have you ever had your name changed? If yes, give reason for the change: | |
| | b. Maiden Name (if female): | |
| 3. | Affiant's Social Security Number*: | |
| 4. | Date and Place of Birth: | |
| 5. | Affiant's Business Address: | |
| 6. | List your residences for the last ten (10) years starting with your current address, giving: DATES ADDRESS ZIP CODE ZIP CODE | |
| 7. | Education: Dates, Names, Locations, and Degrees College: | |
| | Graduate Studies: | |
| | Others: | |
| 8. | List Membership in Professional Societies and Associations: | |
| 9. | Present or Proposed Position with the Company: | |
| 10. | List complete employment record (up to and including present jobs, positions, directorates, or officerships) for the past twenty (20) years: | |
| | DATES EMPLOYER AND ADDRESS TITLE | |
| 11. | Present employer may be contacted: Yes No (Circle One) | |
| | Former employers may be contacted: Yes No (Circle One) | |
| 12. | a. Have you ever been in a position that required a fidelity bond? If any claims were made on the bond, give details: | |
| | b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? | |
| 13. | List any professional, occupational, or vocational licenses issued by any public or governmental licensing agency or regulatory authority that you presently hold or have held in the past. (State date license was issued, issuer of license, date terminated, and reasons for termination): | |
| 14. | During the last ten (10) years, have you ever 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? If yes, give details: | |

Refer to Public Law 93-579, Disclosure of Social Security Account Number.

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| 15. | List any insurers that you control directly or indirectly or own legal or beneficial interest in consisting of 10% or more of the outstanding stock (in voting power): |
|------|---|
| | If any of the stock is pledged or hypothecated in any way, give details: |
| 16. | Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant company or its affiliates? If any of the shares of stock are pledged or hypothecated in any way, give details: |
| 17. | Have you ever been adjudged a bankruptcy? |
| 18. | a. Have you ever been convicted; had a sentence imposed or suspended; had pronouncement of a sentence suspended; been pardoned for conviction of or plead guilty or nolo contendere to any information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law; or been the subject of any disciplinary proceedings of any federal or state regulatory agency? |
| | b. Has the company been so charged allegedly as a result of any action or conduct on your part? If yes, give details: |
| | Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any regulated entity, that, 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? Has the certificate of authority or license to do business of any regulated entity of which you were an officer, director, or key |
| | management person ever been suspended or revoked while you occupied such position? If yes, give details: |
| 21. | Are you now, or have you been, within the past five years, a plaintiff or defendant in any lawsuit? If so, please furnish details: |
| I he | ed and signed this day of, 20, at |
| | (Signature of Affiant) |
| | e of |
| Cou | inty of |
| pers | sonally appeared before me the above namedsonally known to me, who, being duly sworn, deposes and says that he or she executed the above instrument and that the ements and answers contained therein are true and correct to the best of his or her knowledge and belief. |
| Sub | scribed and sworn to before me this day of, 20, |
| | (Notary Public) My commission expires |
| | |

(SEAL)

BIOGRAPHICAL REFERENCES: ARTICLE 1.14, SECTION 3, TEXAS INSURANCE CODE, AS AMENDED, AND BOARD ORDER NO. 00582, DATED OCTOBER 24, 1957.

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 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 TDI at AgencyCounsel@tdi.state.tx.us or at (512) 475-1757.

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