

Biographical Affidavit
(Print or Type)

Full Name and Address of Company/HMO (Do Not Use Group Names): _____

In connection with the above-named company/HMO, 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.)

IF ANSWER IS "NO" OR "NONE", SO STATE.

1. Affiant's Full 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) _____

c. Other names used at any time _____

3. Affiant's Social Security Number*: _____

4. Date and Place of Birth: _____

5. Affiant's Business Address: _____

Business Telephone: _____

6. List your residences for the last ten (10) years starting with your current address, giving:

<u>DATES</u>	<u>ADDRESS</u>	<u>CITY AND STATE</u>	<u>ZIP CODE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Applicant Company/HMO: _____

* Disclosure of your social security number is required by Texas Family Code § 231.302. If you do not have a social security number, you must file a sworn affidavit stating your name and the fact that you do not have a social security number and why no social security number is held.

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
Former employers may be contacted: Yes No

12. a. Have you ever been in a position which 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 cancelled or revoked? ___
If yes, give details: _____

13. 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): _____

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: _____

15. List any insurers which you control directly or indirectly or own legally or beneficially 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 insurance company/HMO 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 or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded 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 have you been the subject of any disciplinary proceedings of any federal or state regulatory agency? _____
If yes, give details: _____

b. Has the company/HMO been so charged allegedly as a result of any action or conduct on your part? _____
If yes, give details: _____

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer, 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? _____

20. Has the certificate of authority or license to do business of any insurance company/HMO 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: _____

Dated and signed this _____ day of _____, 20 _____.

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

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

(SEAL)

(Notary Public)
My commission expires _____

BIOGRAPHICAL REFERENCES: Chapter 801, Texas Insurance Code, Title 28, Part 1, Subchapter D Texas Administrative Code.

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.