

**Biographical Affidavit for Life Settlement Providers or Brokers**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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.) **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): \_\_\_\_\_

2. Business Telephone: \_\_\_\_\_

3. Education: Dates, Names, Locations, and Degrees

4. Present or Proposed Position with the Company:

5. 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

6. 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):

7. During the last 10 years, have you been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has the license held by you ever been suspended or revoked?  Yes  No

If yes, furnish details and attach supporting documentation:

8. 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?  
 Yes  No

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?  
 N/A  Yes  No

*If you answered "Yes" to any of questions 7a–d, you must submit copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and deferred adjudication order, probation order, order terminating probation, community supervision and parole certificate for each and every crime or offense. If the court states it no longer has the records, please have the court provide us with a letter on its 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 recommendation from any persons in contact with you that are aware of your criminal past.*

9. 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 adjudged a bankruptcy?  Yes  No If yes, furnish details:

11. 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:

12. 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:

13. 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:

14. 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:

15. 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?  Yes  No If yes, give reason for

the change: \_\_\_\_\_  
 \_\_\_\_\_ b.

Maiden Name (if applicable) \_\_\_\_\_

c. Other names used at any time \_\_\_\_\_

3. Affiant's Social Security Number\*:

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

4. Government Identification Number if not a U.S. Citizen: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

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

7. Affiant's Home Address: \_\_\_\_\_

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
at \_\_\_\_\_.

*(city and state this statement was executed)*

I certify under 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 \_\_\_\_\_ §

§

COUNTY OF \_\_\_\_\_ §

Before me, \_\_\_\_\_, on this day personally appeared

*(printed name of notary)*

\_\_\_\_\_, known to me to be, who, being

*(printed name of affiant)*

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\_\_\_\_\_.

\_\_\_\_\_  
*(notary public signature)*

*(Notary Seal)*

Notary Public, State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**► Know your rights:**

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, P.O. 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, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030