

REINSURANCE INTERMEDIARY BIOGRAPHICAL AFFIDAVIT

In connection with the below named reinsurance intermediary, I herewith make representation and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)

1 _____
NAME OF REINSURANCE INTERMEDIARY ENTITY (WITH WHICH YOU WILL BE ASSOCIATED)

2 _____
APPLICANT'S FULL NAME (INITIALS NOT ACCEPTABLE, IF NO MIDDLE NAME, SO INDICATE)

3 _____
APPLICANT'S MAILING ADDRESS

CITY STATE ZIP

4 _____
SOCIAL SECURITY NUMBER (###-##-####)

Disclosure of your social security number is required by Texas Family Code § 231.302. It will be maintained as a part of your license file. 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.

5 _____
DATE OF BIRTH (MM/DD/YYYY)

6 _____
10-DIGIT DAYTIME PHONE NUMBER (###) ###-####

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

If you answered "Yes" to any of questions 7a–d, you must submit original certified 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** 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?

No Yes

If you answer "Yes", a license will not be issued until full details of the administrative or legal action are provided.

- 9** 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?

No Yes

If you answer "Yes", a license will not be issued until full details of the indebtedness are provided.

- 10** Have you ever had an agency contract or company appointment cancelled for cause (e.g., misrepresentation, misappropriation, etc.)?

No Yes

If you answer "Yes", a license will not be issued until full details are provided. Cancellation for cause does not include cancellations due to license expiration (nonrenewal).

- 11** Have you or any organization in which you have been an owner, principal officer, shareholder, or director been adjudged bankrupt or insolvent?

No Yes

If you answer "Yes", a license will not be issued until full details of the bankruptcy or insolvency are provided.

- 12** Have you or any organization in which you have been an owner, principal officer, shareholder, or director ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement?

No Yes

If you answer "Yes", identify the jurisdiction(s): _____

- 13** Are you a party to, or have you ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

No Yes

If you answer "Yes", you must attach to this affidavit:

- a. a written statement summarizing the details of each incident,
- b. a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c. a copy of the official document which demonstrates the resolution of the changes or any final judgment.

FINGERPRINTS: Each officer, director, partner, member, and designated employee authorized to act as a reinsurance intermediary under a Reinsurance Intermediary License must provide a copy of a fingerprint receipt from IdentGO by MorphoTrust USA, evidencing the individual has had his or her fingerprints electronically submitted to the Texas Department of Public Safety. For detailed information about fee requirements and about [Fingerprint Requirements and Instructions](#), please click on the link here or visit:

<http://www.tdi.texas.gov/licensing/agent/documents/fpinstructions.pdf>

The fingerprint receipt is waived for all applicants if one of the following applies.

- 1 The individual holds an active TDI license and has already submitted fingerprints to TDI or
- 2 The individual is a nonresident and meets this requirement by one of the following.
 - a. The individual holds a current similar license in good standing in the individual's home state as reflected on the National Association of Insurance Commissioner's Producer Database or
 - b. The individual provides with this affidavit criminal history records obtained from the individual's resident state's law enforcement agency or
 - c. The individual provides with this affidavit a current Certificate of Good Standing for a reinsurance intermediary license held by the reinsurance intermediary named above from the individual's resident state's insurance department.

All nonresident individuals who do not hold a current similar license in good standing in their resident state shall, through the law enforcement agency of the state of residence, submit a copy of the individual's criminal history records. If the resident state will not provide a criminal history record for licensing purposes, the individual must provide a receipt from IdentGO by MorphoTrust USA, evidencing the individual has had his or her fingerprints electronically submitted to the Texas Department of Public Safety. For detailed information about fee requirements and about [Fingerprint Requirements and Instructions](#), please click on the link here or visit:

<http://www.tdi.texas.gov/licensing/agent/documents/fpinstructions.pdf>

- Fingerprint Receipt from IdenttoGO by MorphoTrust USA is attached, or
- Individual has active TDI License Number _____, and previously submitted fingerprints to TDI, or
- Individual is currently licensed in the individual's resident state with a reinsurance intermediary license, or
- Individual is a nonresident and has attached criminal history records from individual's resident state's law enforcement agency, or
- the nonresident reinsurance intermediary entity named above is currently licensed with a reinsurance intermediary license in its resident state, or
- I met the fingerprint requirement when the above named reinsurance intermediary submitted its application for a Texas license.

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public- Safety and the Federal Bureau of Investigation in accordance with the applicable statutes.

FORM CONTINUES ON PAGE 4

Signature and Notary

You must read, sign, and have this section notarized before submitting it to the Texas Department of Insurance.

I hereby certify that I have personally answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance which relate to the business of reinsurance and the grounds under which such license may be denied, suspended, revoked or non-renewed, and that I meet the requirements to be associated to the above reinsurance intermediary. I further acknowledge that I am subject to both disciplinary action and criminal prosecution if my application contains a false, fictitious, or fraudulent statement or entry with regard to any material fact.

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

I acknowledge and understand that I have the duty to inform the Commissioner of Insurance of any disciplinary action taken against me in any other state in which I may be licensed within thirty (30) days of the happening of such disciplinary action. I further acknowledge that I have the duty to update the information contained on this form, including a change of my address, and that failure to do so may constitute grounds for revocation or suspension of my insurance authority in Texas.

SIGNATURE OF APPLICANT

FULL LEGAL NAME OF APPLICANT (PRINT OR TYPE)

The State of _____, County of _____

Before me, _____, on this day personally appeared
(PRINTED NAME OF NOTARY PUBLIC)

to me _____, known to me (or proved
(PRINTED FULL LEGAL NAME OF APPLICANT)

on the oath of _____ or through _____
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC) (DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D.

(NOTARY SEAL)

(NOTARY PUBLIC SIGNATURE)

Notary Public, State of _____

General Information on the Reinsurance Intermediary Biographical Affidavit

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.

Send completed Biographical Affidavit with the license application for the reinsurance intermediary named in question number 1, page 1, or if the entity is currently licensed to:

**Texas Department of Insurance
Agent and Adjuster Licensing
P.O. Box 12030, MC: CO-AAL
Austin, Texas 78711-2030**