

TEXAS DEPARTMENT OF INSURANCE

MC 106-1G P.O. Box 149104

Austin, TX 79714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

OFFICERS AND DIRECTORS PAGE

(Name of Provider) (Address)

(Name of Company) (Address)

Complete all items and each column by listing ALL CURRENT OFFICERS and DIRECTORS, TRUSTEES or PARTNERS of the Company.

OFFICERS **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
		President	
		Vice-President	
		Secretary	
		Treasurer	

DIRECTORS/TRUSTEE/ PARTNERS **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE (Director, Trustee, Partner)	DATE FIRST APPOINTED OR ELECTED

(Continue on separate sheet if necessary)

On this day personally appeared _____, President; _____ Secretary
_____, Treasurer of _____, being persons
known to me, and who each after being duly sworn stated on his oath that the statements and representations
contained in this form are true and correct.

(President's Signature)

(Secretary's Signature)

(Treasurer's Signature)

STATE OF _____
COUNTY OF _____

Subscribed and sworn to be the said affiants on the _____ day of _____, 19 _____

Notary's Seal

Signature of Notary

My commission expires: _____

Notary's Printed Name

*Refer to P.L. 93-579 Disclosure of Social Security Account Number.

**Show full legal name and indicate by number sign (#) those officers and directors who did not occupy the
indicated position in the previous year.