

TEXAS DEPARTMENT OF INSURANCE

MC 106-1G P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

BIOGRAPHICAL DATA FORM

(Print or Type)

Full Name and Address of Continuing Care Retirement Community (CCRC):

(Do Not Use Group Names)

ATTACH ADDENDUM OR SEPARATE SHEET IF SPACE HEREON IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY. IF ANSWER IS "NONE" OR "NOT APPLICABLE," SO STATE. EACH QUESTION MUST BE ANSWERED AS INDICATED AND ORIGINAL SIGNATURES ARE REQUIRED.

1. Full Legal Name: _____
Residence Address: _____
Business Address: _____
Address: _____
Marital Status: _____

2. Have you ever had your name changed? _____
Reason for change: _____
Other names used at any time: _____

3. Date of Birth: _____ Place of Birth: _____

4. Social Security Number*: _____

5. Education: (List names of schools, locations and dates attended)
High School _____
College _____
Graduate or Professional Degrees: (List) _____

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

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6. Member of Professional Societies or Associations: (List) _____

7. Present or Proposed Position with Applicant: _____

How long with this CCRC? _____

8. Complete Employment Record for Past 20 years: include jobs, positions, directorates or officerships.

Present employer may be contacted YES NO (Circle One)
Former employers may be contacted YES NO (Circle One)

9. How many shares of stock do you or your spouse own in the CCRC? _____
Are any of such shares pledged as collateral? _____ If so, to whom? _____

10. Do you or your spouse own stock of 10% or more interest in any sole proprietorship, partnership, or corporation? _____ If so, list the name of the company or companies and the percentage of the total number of shares owned in each: _____

11. Are there any transactions anticipated between any sole proprietorship, partnership or corporation and the CCRC in which you may have a 10% interest? _____ If "Yes", briefly describe the transaction. _____

12. Have you or your spouse every been associated with any other CCRC or insurance company? _____ If so, please explain in detail. _____

13. Have you or your spouse ever been adjudicated as bankrupt? _____ If so, please explain in detail.

14. Have you ever been indicted or convicted for embezzlement, theft or larceny, mail fraud, or for any other criminal offense, or for violating any corporate securities statute or any insurance law, or have you been the subject of a cease and desist order of any federal or state securities regulatory agency? _____ If so, explain in full detail.

15. Have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has such a license ever been suspended or revoked? _____ If so, explain in full detail. _____

16. Have you ever been in any way connected with, or financially interested in, any CCRC or insurance company which became insolvent or was placed under supervision or in receivership or conservatorship while you were affiliated with it or at any time thereafter? _____ If so, please explain in detail.

17. Have you or your spouse ever been licensed as an insurance agent? _____ If so, where and when?

18. Have you or your spouse ever had a license to sell securities or real estate? _____ If so, where and when?
_____. Has such a license ever been suspended, denied, cancelled or revoked? _____ If so, please explain in detail. _____

19. Have you ever been in a position which required a fidelity bond? _____
What position? _____ Were any claims made on the bond? _____
If so, please furnish details. _____

20. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? _____ If so, please explain in detail. _____

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21. Have you ever been connected in any way with a CCRC or insurance company which was placed under a Show Cause or was cited for any violations by any State Insurance Department? _____ If so, furnish details, including name and location of the company and the charges.

22. Have you ever been connected in any way with any sole proprietorship, partnership, corporation or other entity which has been cited for violations or was subject to disciplinary action by any state or federal regulatory body? _____ If so, furnish details. _____

23. 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 FULLY UNDERSTAND THAT THE INFORMATION HEREINBEFORE FURNISHED IN SUBJECT TO THE PENALTIES PROVIDED BY ARTICLE 21.47 OF THE TEXAS INSURANCE CODE.

Dated _____

(Signature)

CCRC Form #4