

TEXAS DEPARTMENT OF INSURANCE

MC 106-1G, P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

INSTRUCTIONS FOR COMPLETION OF BIOGRAPHICAL DATA FORMS

MINIMUM REQUIREMENT FOR SUBMISSION OF BIOGRAPHICAL DATA FORMS APPLIES TO ALL PERSONS WHO ARE OFFICERS, DIRECTORS, TRUSTEES, MANAGING OR GENERAL PARTNER. ANY PERSON WHO HAS AT LEAST 10% INTEREST IN THE PROVIDER OR ANY PERSON ENGAGED IN THE DAY TO DAY MANAGEMENT OF THE FACILITY OTHER THAN AN INDIVIDUAL DIRECTLY EMPLOYED BY THE PROVIDER.

The attached biographical data form may be reproduced in any such quantity as is required for future use by the company. Completed biographical data forms and attachments for submission are required on letter size paper only (8 ½" x 11").

Each biographical data form must contain an original signature (photo or xerox copies of the original are not acceptable). Full disclosure of more than one position with all companies with which the individual is associated must be indicated. The individual's position with the facility should appear in answer to either question #7 or question #8.

Each company is responsible for reviewing the completeness of the biographical data forms prior to submission to the Texas Department of Insurance.

Notice of any additions, deletions, and modifications to the officers and directors page (CCRC Form #3) must be given in accordance with §33.51 1 of the CCRC Rules.