



Texas Department of Insurance

HMO Division, Mail Code 103-6A
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-4266 telephone • 490-1011 fax • www.tdi.state.tx.us

BIOGRAPHICAL AFFIDAVIT (Print or Type)

Full Name and Address of Company (Do Not Use Group Names): _____

In connection with the above-named company, I herewith make representations and supply information about myself as herein after set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any questions fully.)

IF ANSWER IS "NO" OR "NONE", SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): _____

2. a. Have you ever had your name changed? ____ If yes, give reason for the change: _____

b. Maiden Name (if female) _____

c. Other names used at any time _____

3. Affiant's Social Security Number*: _____

4. Date and Place of Birth: _____

5. Affiant's Business Address: _____
Business Telephone: _____

6. List your residences for the last ten (10) years starting with your current address, giving:

<u>DATES</u>	<u>ADDRESS</u>	<u>CITY AND STATE</u>	<u>ZIP CODE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Education: Dates, Names, Locations and Degrees
College _____
Graduate Studies _____
Others _____

8. List Membership in Professional Societies and Associations: _____

9. Present or Proposed Position with the Applicant Company: _____

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

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer, director or key management person ever been suspended or revoked while you occupied such position? _____ If yes, give details:

21. Are you now, or have you been, within the past five years, a plaintiff or defendant in a lawsuit? _____. If so, please furnish details: _____

Dated and signed this _____ day of _____, 19_____, at _____.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being 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 _____.

(SEAL)

(Notary Public)

My commission expires _____

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.