



Texas Department of Insurance

Licensing Division Mail Code 107-1A
P.O.Box 149104, Austin, Texas 78714-9104
512-322-3503 www.tdi.state.tx.us

Biographical Form and Certification of License Qualification Following a Change of Control

This form must be completed to identify new individuals to be associated with a currently licensed insurance agency; individuals to be disassociated from a currently licensed insurance agency; and/or individuals or entities that control a licensed insurance agency. This form shall also be used to certify that the agency satisfies the requirements for the issuance of the license it holds immediately following the disclosed changes. All words and terms used in this form shall have the same meaning as defined in Article 21.07 §1A.

NAME OF LICENSED ENTITY

TDI ENTITY LICENSE NUMBER

Part 1 Fully identify all new executive officers, directors, or partners of the agency who administer the agency's insurance operations in Texas and all new individuals in control of 10% or more of the agency's voting stock. Additionally provide a complete and legible set of fingerprints of each listed individual who is a Texas resident, unless the individual has previously submitted a fingerprint card to the Texas Department of Insurance. Disclosure of your social security number is required by *Texas Family Code* §231.302(1997).

INDIVIDUAL'S FULL LEGAL NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

TDI LICENSE NUMBER (IF LICENSED)

MAILING ADDRESS

CITY

STATE

ZIP CODE

INDIVIDUAL'S FULL LEGAL NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

TDI LICENSE NUMBER (IF LICENSED)

MAILING ADDRESS

CITY

STATE

ZIP CODE

INDIVIDUAL'S FULL LEGAL NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

TDI LICENSE NUMBER (IF LICENSED)

MAILING ADDRESS

CITY

STATE

ZIP CODE

Attach additional pages as needed.

Part 2 Detail any change of control to any entity that controls the agency by providing an attachment to this form which discloses all entity and individual control relationships affecting the agency up to

the ultimate controlling individual or entity. This disclosure may be in the form of an organization chart naming the entities and individuals and showing their relationship to the licensed agency.

For individuals and entities only identified in response to Part 2, provide name and mailing address information that includes the state or country of domicile of the entity or individual. Further information will be requested if it is required by the Department.

Part 3 List each individual to be disassociated from the agency.

INDIVIDUAL'S FULL LEGAL NAME	
TITLE	DATE OF EVENT
INDIVIDUAL'S FULL LEGAL NAME	
TITLE	DATE OF EVENT
INDIVIDUAL'S FULL LEGAL NAME	
TITLE	DATE OF EVENT

Attach additional pages as needed.

Part 4 The following **Notice About Certain Information Laws and Practices** must be distributed to all individuals listed in this form.

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 information about the procedure and costs for obtaining information from TDI, please contact the Agency Counsel Section of TDI's Legal and Compliance Division at **(512) 475-1757** or visit the Corrections Procedure section of TDI's web page at **www.tdi.state.tx.us**.

Part 5 A licensed officer or director or partner of the licensed entity must read and execute below.

I certify that I have personally and completely answered each of the questions herein and that I have attached to this form all information requested and that these answers and attachments 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 license(s) held and the grounds under which such license(s) may be suspended, revoked or nonrenewed.

I further certify that each listed or named individual has to the best of my knowledge and belief, received a true and correct copy of the disclosure entitled **Notice About Certain Information Laws and Practices**.

I further certify that to the best of my knowledge and belief, immediately following the changes disclosed in this document the agency will be able to satisfy the requirements for issuance of the license to solicit the line or lines of insurance for which it is licensed.

I further certify that to the best of my knowledge and belief, that no individual listed in response to Part 1 of this document has had a license suspended or revoked or been the subject of any other disciplinary action by a financial or insurance regulator of this state, another state, or the United States.

I further certify that to the best of my knowledge and belief, that no individual listed in response to Part 1 of this document has committed an act for which a license may be denied under Article 21.01-2 of the Texas Insurance Code.

I acknowledge and understand that the officer(s), partners and director(s) of this entity have the duty to inform the Commissioner of Insurance within thirty (30) days of any disciplinary action taken by a financial or insurance regulator of this state, another state, or the United States against the licensed entity or any individual associated with the entity who is required to file biographical information with the Department.

I further acknowledge that the officer(s), partners and director(s) have the duty to update the information contained in the entity's license records, including a change in address, and that failure to do so constitute grounds for revocation, or suspension of its insurance license(s).

SIGNATURE OF A LICENSED OFFICER OR PARTNER OF THE AGENCY

PRINT FULL LEGAL NAME OF SIGNING OFFICER OR PARTNER

The State of _____, §

County of _____, §

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

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

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 _____