

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE**

**BIOGRAPHICAL AFFIDAVIT FOR VIATICAL SETTLEMENT PROVIDERS
By the Authority of North Carolina General Statute (NCGS) 58-58-210(d)**

Full name and address of viatical provider _____

In connection with the above-named viatical settlement provider, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) **A RESPONSE MUST BE PROVIDED FOR EACH ITEM. IF ANSWER IS “NO” OR “NONE”, SO STATE.**

1. Affiant's Full Name

2. Have you ever used another name or had your name changed? _____

If yes, give the reason for the change: _____

3. Date and Place of Birth

4. Residence Address

5. Affiant's Business Address

6. Business Telephone () _____

7. Present or proposed position with the applicant viatical settlement provider. _____

8. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past five (5) years, giving:

DATES	EMPLOYER AND ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. a. Have you ever been in a position which required a fidelity bond? _____

If any claims were made on the bond, give details:

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? _____ If yes, give details: _____

10. Education: (Provide dates, names, locations, degrees, and field of study for each.)

College _____

Graduate Studies _____

Other _____

11. List memberships in Professional Societies and Associations.

12. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past. (Give dates, issuer of license, reasons for termination.)

13. List any insurers that you control directly or indirectly or in which you own legally or beneficially 10% or more of the outstanding stock (in voting power).

If any of the stock is pledged or hypothecated in any way, give details:

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant viatical provider or its affiliates? _____.
If yes, list:

15. Have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? _____. If yes, give details: _____

16. Have you ever been adjudged bankrupt? _____. If yes, give details: _____

17. Have you ever been convicted or had a sentence imposed or suspended or been pardoned for conviction of, or pleaded guilty or nolo contendere to an indictment charging any crime involving fraud, dishonesty or moral turpitude, or charging a violation of any corporate securities statute or any insurance law, or have you ever been subject of any disciplinary proceedings of any federal or state regulatory agency? _____

If yes, give details: _____

18. Have you ever been an officer, director, manager, trustee, or controlling stockholder of any company which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____

If yes, give details: _____

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

Dated and signed this _____ day of _____, 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 _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ .

(Notary Public)

(SEAL)

My Commission Expires _____

RETURN TO:

**Life and Health Division
North Carolina Department of Insurance**

**1201 Mail Service Center
Raleigh, North Carolina 27699-1201**

or

***Overnight Delivery Only*
430 North Salisbury Street
Raleigh, NC 27603**

**If you have questions, please contact: Rebecca Hill
919-733-5060 x355
Rebecca.Hill@ncdoi.gov**

FORM MAY BE DUPLICATED WITHOUT MODIFICATION