

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

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

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

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

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

College \_\_\_\_\_

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Graduate Studies \_\_\_\_\_

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Other \_\_\_\_\_

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11. List memberships in Professional Societies and Associations.

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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.)

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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).

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

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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:

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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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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  
Please send electronically to:  
[LHinbox@ncdoi.gov](mailto:LHinbox@ncdoi.gov)  
Or  
See Instructions for CITIRX SHAREFILE**

**\*Note NC also accepts the NAIC Biographical Affidavit**

**If you have questions, please contact: Rebecca Hill 919-807-6060**

**Or**

**Email: [Rebecca.Hill@ncdoi.gov](mailto:Rebecca.Hill@ncdoi.gov)**

**FORM MAY BE DUPLICATED WITHOUT MODIFICATION**