

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

**(Print or Type)**

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 N. E. Loop 410, San Antonio, Texas 78217 or P.O. Box 659567, San Antonio, Texas 78265-9567

210-357-2222

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Peter John Hennessey III

2. a. Are you a citizen of the United States? YES

b. Are you a citizen of any other country, if so, what country? NO

3. Affiant's Occupation or Profession. Chairman, President and CEO

4. Affiant's business address. 2211 N.E. Loop 410, San Antonio, Texas 78217

Business telephone. 210-357-2222

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>The University of Texas</u>	<u>Austin, Texas</u>	<u>9/61 - 1/65</u>	<u>1965 B.B.A.</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>NA</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Life Office Management Association</u>	<u>Atlanta, GA</u>	<u>1975</u>	<u>FLMI</u>
<u>American College of Life Underwriters</u>	<u>Bryn Mawr, PA</u>	<u>1977</u>	<u>CLU</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Life Office Management Association	<u>members@loma.org</u>	2300 Windy Ridge Parkway Ste. 600, Atlanta, GA 30339	(770) 951-1770
American Society of Chartered Life Underwriter	<u>awhicker@financialpro.org</u>	19 Campus Blvd., Ste. 100, Newton Square, PA 19073-3209	(610) 526-2500
American Council of Life Insurers	David Turner	101 Constitution Ave. NW, Ste. 700, Washington, DC 20001-2133	(202) 624-6000
Texas Association of Life and Health Insurers	Jennifer Ahrens Cawley	1001 Congress, Ste. 300, Austin, TX 78701	(512) 472-6886
International Insurance Society	Anna Kahulka	101 Murray St., New York, NY 10007	(212) 815-9291

7. Present or proposed position with the applicant entity. Chairman, President and CEO

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 1965- Present Employer's Name Government Personnel Mutual Life Insurance Company

Address 2211 N.E. Loop 410 City San Antonio State/Province Texas

Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Multiple Positions

Supervisor / Contact Peter J. Hennessey III

Beginning/Ending

Dates (MM/YY) 04/2001 - Present Employer's Name Government Personnel Mutual Life Insurance Company

Address 2211 N.E. Loop 410 City San Antonio State/Province Texas

Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Chairman, President, CEO

Supervisor / Contact Peter J. Hennessey III

Beginning/Ending

Dates (MM/YY) 04/1992 - 4/2001 Employer's Name Government Personnel Mutual Life Insurance Company

Address 800 N.W. Loop 410 City San Antonio State/Province Texas

Country USA Postal Code 78216 Phone 210-357-2222 Offices/Positions Held President & CEO

Supervisor / Contact Peter J. Hennessey III

Beginning/Ending

Dates (MM/YY) 04/1981 - 4/1992 Employer's Name Government Personnel Mutual Life Insurance Company

Address 800 N. W. Loop 410 City San Antonio State/Province Texas

Country USA Postal Code 78216 Phone 210-357-2222 Offices/Positions Held President & CAO

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

Supervisor / Contact Peter J. Hennessey III

9. a. Have you ever been in a position which required a fidelity bond? NO 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 canceled or revoked? If yes, give details. NO

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

In the 1960's held a State of Texas Insurance Agents License for approximately three years

Organization/Issuer of License Texas Department of Insurance Address 300 Guadalupe St.

City Austin State/Province Texas Country USA Postal Code 78701

License Type Life and Health Sales Agent License License # No online record at TDI Date Issued (MM/YY) Can't remember

Date Expired (MM/YY) Can't remember Reason for Termination not needed

Non-insurance Regulatory Phone Number (if known) (512) 463-6169

Organization /Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code NA

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

NO

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

Government Personnel Mutual Life Insurance Company is a Mutual Company and I am named on its proxy.

If any of the stock is pledged or hypothecated in any way, give details. NO

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

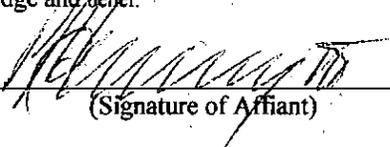
NO

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

14. Have you ever been adjudged a bankrupt? NO If yes, provide details NA
15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
  - b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
  - c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 18th day of April, 2012 at San Antonio, Texas 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)

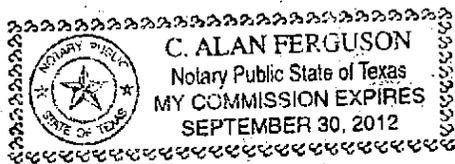
State of Texas County of Bexar

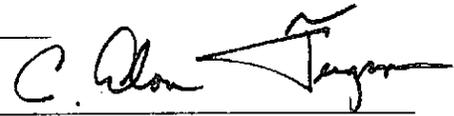
The foregoing instrument was acknowledged before me this 18th day of April, 2012 By Peter John Hennessey III, and:

\_\_\_\_\_ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



  
\_\_\_\_\_  
Notary Public

C. Alan Ferguson  
Printed Notary Name

9-30-2012  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 N. E. Loop 410, San Antonio, Texas 78217 or P.O. Box 659657 San Antonio, Texas 78265-9657

210-357-2222

1. Affiant's Full Name (Initials Not Acceptable) Peter John Hennessey III
2. Have you ever used any other name including nickname, maiden name or aliases? YES If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
-	<u>Peter John Hennessey II</u>	<u>to eliminate confusion (father is Jr. and son is the IV)</u>
-		<u>should have been named the III at birth (name officially</u>
-		<u>changed from II to III in 1975).</u>
-		
-		
-		
-		
-		
-		
-		

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen \_\_\_\_\_
5. Foreign Student ID# (if applicable) \_\_\_\_\_
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Douglas  
State/Province Arizona Country USA
7. Name of Affiant's Spouse (if applicable) Lynne Sayers Hennessey

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
 FEIN: 74-0651020

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
9/2009 – Present	[REDACTED]	San Antonio	Texas	USA	78209
9/2006 – 8/2009	[REDACTED]	San Antonio	Texas	USA	78209
1972 – 8/2006	[REDACTED]	San Antonio	Texas	USA	78209

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 18th day of April, 2012 at San Antonio, Texas 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.

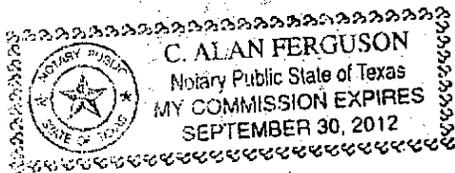
[Signature]  
 (Signature of Affiant)

State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 18th day of April, 2012 By Peter John Hennessey III, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]



[Signature]

Notary Public  
C. Alan Ferguson  
 Printed Notary Name  
9-30-2012  
 My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Government Personnel Mutual Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact The Legal Department, Government Personnel Mutual Life Insurance Company, 2211 NE Loop 410, San Antonio, Texas 78217, (210) 357-2222.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Peter John Hennessey III San Antonio, Texas 78209  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

April 18, 2012  
(Date)

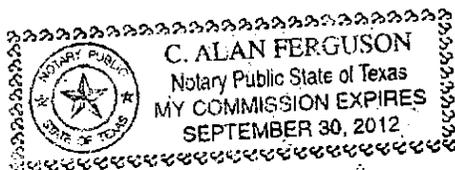
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 18th day of April 2012 By Peter John Hennessey III, and

who is personally known to me, or

who produced the following identification:

[SEAL]



[Signature]

Notary Public

C. Alan Ferguson  
Printed Notary Name

9-30-2012  
My Commission Expires My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

PO BOX 659567

San Antonio, Texas 78217 (210) 357-2222

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Pamela A Hutchins
2. a. Are you a citizen of the United States? Yes  
 b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Life Insurance/Actuary
4. Affiant's business address. 2211 NE Loop 410, San Antonio, Texas 78217  
 Business telephone: (210) 357-2222

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Nebraska</u>	<u>Lincoln, Nebraska</u>	<u>08/69 - 05/73</u>	<u>BS</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Society of Actuaries</u>	<u>San Antonio, TX</u>	<u>11/79</u>	<u>FSA</u>
<u>American Academy of Actuaries</u>	<u>San Antonio, TX</u>	<u>09/79</u>	<u>MAAA</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967  
FEIN: 74-0651020

6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Society of Actuaries	Greg Heidrich	475 North Martingale #600 Schaumburg, IL 60173	(847) 706-3510
American Academy of Actuaries	Mary Downs	1850 M Street NW Suite #300 Washington, DC 20036	(202) 223-8196
Actuaries Club of the Southwest	Laura Kastrup	5210 Edgewater Ct. Parker, TX 75094	(212) 840-2461

7. Present or proposed position with the applicant entity. Senior Vice President and Chief Actuary, Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending  
Dates (MM/YY) 09/01 - Present Employer's Name Government Personnel Mutual Life Insurance Company  
Address 2211 NE Loop 410 City San Antonio State/Province Texas  
Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Director/Senior VP & Chief Actuary  
Supervisor / Contact Peter J Hennessey III (210) 357-2222

Beginning/Ending  
Dates (MM/YY) 04/01 - 09/01 Employer's Name Government Personnel Mutual Life Insurance Company  
Address 2211 NE Loop 410 City San Antonio State/Province Texas  
Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Senior VP/Chief Actuary  
Supervisor / Contact Peter J Hennessey III

Beginning/Ending  
Dates (MM/YY) 04/88 - 04/01 Employer's Name Government Personnel Mutual Life Insurance Company  
Address 2211 NE Loop 410 City San Antonio State/Province Texas  
Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Vice President/ Valuation Actuary  
Supervisor / Contact Edwin Hightower

Beginning/Ending  
Dates (MM/YY) NA - \_\_\_\_\_ Employer's Name N/A  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
Supervisor / Contact \_\_\_\_\_

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

9. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. \_\_\_\_\_

b. Have you ever been denied an individual or position scheduled fidelity bond, or had a bond canceled or revoked? If yes, give details. No

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

None

Organization/Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code NA

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

Organization /Issuer of License NA Address NA

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. N/A

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

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. No. NA

If any of the shares of stock are pledged or hypothecated in any way, give details.

NA

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

14. Have you ever been adjudged a bankrupt? No If yes, provide details NA

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details: When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 18th day of April, 2012 at San Antonio, Texas 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.

Pamela A. Hutchins  
(Signature of Affiant)

State of TEXAS County of BEXAR

The foregoing instrument was acknowledged before me this 18th day of APRIL, 2012 By Pamela A Hutchins, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

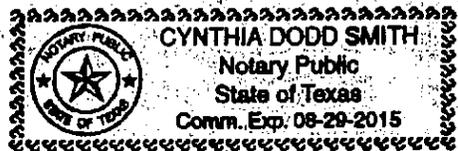
[SEAL]



Cynthia Dodd Smith  
Notary Public

Cynthia Dodd Smith  
Printed Notary Name

08-29-2015  
My Commission Expires



Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410 PO BOX 659567

San Antonio, Texas 78217 (210) 357-2222

1. Affiant's Full Name (Initials Not Acceptable). Pamela A Hutchins
2. Have you ever used any other name including nickname, maiden name or aliases? Yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>12/51 - 04/78</u>	<u>Pamela A Coleman</u>	<u>Maiden Name</u>
<u>-</u>	<u>-</u>	<u>-</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen N/A
5. Foreign Student ID# (if applicable) N/A
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Spokane (Fairchild AFB)  
State/Province Washington Country USA
7. Name of Affiant's Spouse (if applicable) John Dalton Hutchins

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
01/85	[REDACTED]	San Antonio	TX	USA	78254

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 18th day of April, 2012 at San Antonio, Texas. 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.

*Pamela A. Hutchins*

(Signature of Affiant)

State of TEXAS County of BEXAR

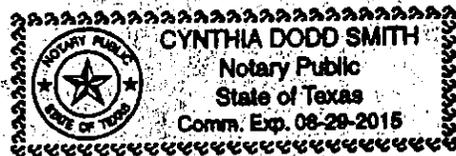
The foregoing instrument was acknowledged before me this 18th day of APRIL, 2012 By

Pamela A Hutchins, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



*Cynthia Dodd Smith*

Notary Public

Cynthia Dodd Smith

Printed Notary Name

08-29-2015

My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Government Personnel Mutual Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department, Government Personnel Mutual Life Insurance Company, 2211 NE Loop 410, San Antonio, Texas 78217, (210) 357-2222.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Pamela A Hutchins, [Redacted] San Antonio, Texas 78254

(Printed Full Name and Residence Address)

Pamela A. Hutchins

(Signature)

April 18, 2012

(Date)

State of TEXAS

County of BEXAR

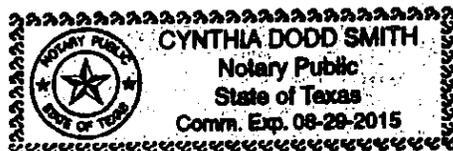
The foregoing instrument was acknowledged before me this 18th day of APRIL 2012 By

Pamela A Hutchins, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Cynthia Dodd Smith  
Notary Public

Cynthia Dodd Smith  
Printed Notary Name

08-29-2015  
My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 N.E. Loop 410

San Antonio, Texas 78217 Telephone: (210) 357-2222

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. Affiant's Full Name (Initials Not Acceptable). Maria de Lourdes Mendoza
2. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Accounting
4. Affiant's business address. 2211 N. E. Loop 410, San Antonio, TX 78217
Business telephone. 210-357-2222
5. Education and Training:

Table with 4 columns: College/ University, City/ State, Dates Attended (MM/YY), Degree Obtained. Row 1: The University of Texas at Austin, Austin, Texas, 8/1975 - 12/1979, BBA - Accounting

Table with 5 columns: Graduate Studies, College/ University, City/ State, Dates Attended (MM/YY), Degree Obtained. Row 1: NA

Table with 4 columns: Other Training: Name, City/ State, Dates Attended (MM/YY), Degree/Certification Obtained. Row 1: American Institute of CPA's, Texas, 05/82, Certified Public Accountant. Row 2: Life Office Management Association, Atlanta, GA, 09/93, FLMI

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>San Antonio Chapter of Texas Society of CPAs</u>	<u>Jacqui Belcher</u>	<u>901 N.E. Loop 410 #420 San Antonio, Texas 78209</u>	<u>210-828-2722</u>

7. Present or proposed position with the applicant entity. Vice President & Treasurer and Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 04/97 - present Employer's Name Government Personnel Mutual Life Insurance Company

Address 2211 N.E. Loop 410 City San Antonio State/Province Texas

Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held VP & Treasurer

Supervisor / Contact Pam Hutchins

Beginning/Ending Dates (MM/YY) 04/94 - 04/97 Employer's Name Government Personnel Mutual Life Insurance Company

Address 2211 NE Loop 410 City San Antonio State/Province Texas

Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Treasurer & Controller

Supervisor / Contact Pam Hutchins

Beginning/Ending Dates (MM/YY) 04/88 - 04/94 Employer's Name Government Personnel Mutual Life Insurance Company

Address 2211 NE Loop 410 City San Antonio State/Province Texas

Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Controller & Assistant Treasurer

Supervisor / Contact Pam Hutchins

Beginning/Ending Dates (MM/YY) 04/2005 - Present Employer's Name Government Personnel Mutual Life Insurance Company

Address 2211 NE Loop 410 City San Antonio State/Province Texas

Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Director

Supervisor / Contact Peter J. Hennessey III, Chairman of the Board; 210-357-2222

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

9. a. Have you ever been in a position which required a fidelity bond? No 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 canceled or revoked? If yes, give details. No

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Texas State Board of Public Accountancy Address 333 Guadalupe, Tower 3, Ste 900

City Austin State/Province Texas Country USA Postal Code 78701-3900

License Type CPA License # 27783 Date Issued (MM/YY) 05/82

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) 512-305-7800

Organization /Issuer of License NA Address NA

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) NA

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
NO

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details: None

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

NA

14. Have you ever been adjudged a bankrupt? NO If yes, provide details NA

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 18th day of April 2012 at San Antonio, Texas 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.

*Maria de Lourdes Mendoza*  
(Signature of Affiant)

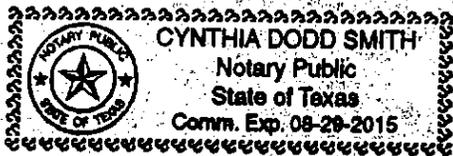
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 18th day of April, 2012 By Maria de Lourdes Mendoza, and:

\_\_\_\_\_ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



*Cynthia Dodd Smith*  
Notary Public  
Cynthia Dodd Smith  
Printed Notary Name  
8-29-2015  
My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967  
FEIN: 74-0651020

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 N.E. Loop 410

San Antonio, Texas 78217 Telephone: (210) 357-2222

1. Affiant's Full Name (Initials Not Acceptable). Maria de Lourdes Mendoza
2. Have you ever used any other name, including nickname, maiden name or aliases? Yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>1/7/57 - 7/10/81</u>	<u>Maria de Lourdes Ozuna</u>	<u>Maiden name</u>
<u>1/7/57 - 7/10/81</u>	<u>Lourdes Ozuna</u>	<u>middle name preferred</u>
<u>7/10/81 - Present</u>	<u>Lourdes Mendoza</u>	<u>middle name preferred</u>
<u>-</u>	<u>-</u>	<u>-</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen NA
5. Foreign Student ID# (if applicable) NA
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Ciudad Acuna  
State/Province Coahuila Country Mexico
7. Name of Affiant's Spouse (if applicable) Michael Mendoza

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

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

<u>Beginning/Ending</u> <u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
08/1995 - Present	[REDACTED]	San Antonio	Texas	USA	78232

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 18th day of April, 2012 at San Antonio, Texas 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.

Maria de Lourdes Mendoza  
(Signature of Affiant)

State of Texas County of Bexar

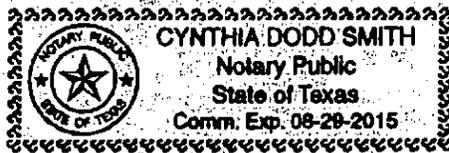
The foregoing instrument was acknowledged before me this 18th day of April, 2012 By

Maria de Lourdes Mendoza, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Cynthia Dodd Smith  
Notary Public

Cynthia Dodd Smith  
Printed Notary Name

8-29-2015  
My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Government Personnel Mutual Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact

The Legal Department, GPM Life Insurance Company, 2211 NE Loop 410, San Antonio, Texas 78217; 210-357-2222.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Maria de Lourdes Mendoza San Antonio, Texas 78217

(Printed Full Name and Residence Address)

Maria de Lourdes Mendoza  
(Signature)

April 18, 2012  
(Date)

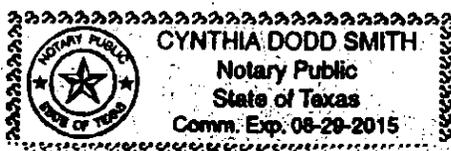
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 18th day of April 2012 By Maria de Lourdes Mendoza, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Cynthia Dodd Smith  
Notary Public

Cynthia Dodd Smith  
Printed Notary Name

8-29-2015  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Government Personnel Mutual Life Insurance Company  
2211 NE Loop 410  
San Antonio, Texas 78217 210-357-2222; 800-938-4765

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Roy Clark Boddy
2. a. Are you a citizen of the United States? Yes.  
 b. Are you a citizen of any other country, if so, what country? NA
3. Affiant's Occupation or Profession: Licensed Real Estate Broker, State of Texas, USA
4. Affiant's business address: 156 Thelma Dr., San Antonio, Texas 78212  
 Business telephone: (210) 826-4577, (210) 863-0930
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Birmingham Southern College</u>	<u>Birmingham, Alabama</u>	<u>09/57 - 09/61</u>	<u>BA Economics</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>NA</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Harvard Business School</u>	<u>Boston, Massachusetts</u>	<u>Six-week course 1965</u>	<u>NA</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967  
FEIN: 74-0651020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>See Attached</u>			

7. Present or proposed position with the applicant entity. Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 01/06 - Present Employer's Name Regus Corporation (on Retainer Basis)  
Address 1777 NE Loop 410, Suite 600 City San Antonio, State/Province Texas Director, Mergers & Acquisitions  
Country USA Postal Code 78217 Phone (415) 568-6025 Offices/Positions Held  
Supervisor / Contact T. J. Tijon, VP, Mergers and Acquisitions, Regus Corp.

Beginning/Ending Dates (MM/YY) 01/61 - 12/05 Employer's Name HQ Global Corp.  
Address 1777 NE Loop 410, Suite 600 City San Antonio State/Province Texas  
Country USA Postal Code 78217 Phone 210-820-2600 Offices/Positions Held Franchise Owner  
Supervisor / Contact Franchisor, HQ/Regus Corp., T.J. Tijon, (415)568-6025

Beginning/Ending Dates (MM/YY) NA - \_\_\_\_\_ Employer's Name NA  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) NA - \_\_\_\_\_ Employer's Name NA  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
Supervisor / Contact \_\_\_\_\_

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

9. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. NA

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No. NA

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Texas Real Estate Commission Address P. O. Box 12188

City Austin State/Province Texas Country USA Postal Code 78711-2188

License Type Real Estate Broker License # 0307054 Date Issued (MM/YY) 07/2011

Date Expired (MM/YY) 07/2013 Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) (512) 936-3000

Organization /Issuer of License NA Address NA

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
No.

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
No.

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
No.

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No.

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
No.

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NA

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

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

14. Have you ever been adjudged a bankrupt? Yes        If yes, provide details - Approximately 11 years ago, a corporation of which I was owner and President—Northwest Executive Suites, Inc.—had extensive water damage on the floor from a burst pipe. Insurance didn't cover the damage, so we were forced to declare bankruptcy.

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  
No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11<sup>th</sup> day of APRIL 20 12 at SAN ANTONIO, TEXAS 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.

R. Clark Buddy  
(Signature of Affiant)

State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April, 20 12 By Roy Clark Buddy, and:

       who is personally known to me, or

who produced the following identification:       

C. Alan Ferguson

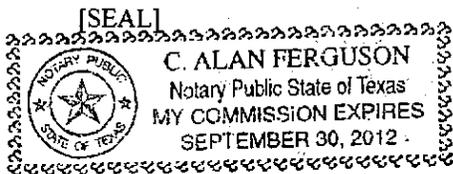
Notary Public

C. Alan Ferguson

Printed Notary Name

09-30-2012

My Commission Expires



**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

San Antonio, Texas 78217 (210) 357-2222; 800-938-4765

1. Affiant's Full Name (Initials Not Acceptable). Roy Clark Boddy

2. Have you ever used any other name including nickname, maiden name or aliases? No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>-</u>	<u>-</u>	<u>-</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]

4. Government Identification Number if not a U.S. Citizen NA

5. Foreign Student ID# (if applicable) NA

6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Mobile  
State/Province Alabama Country USA

7. Name of Affiant's Spouse (if applicable) Jane Hargis Boddy

Applicant Name (Company), Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

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

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
06/95 – present	[REDACTED]	San Antonio	TX	USA	78212-2516

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11<sup>th</sup> day of April, 2012 at San Antonio, Texas 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.

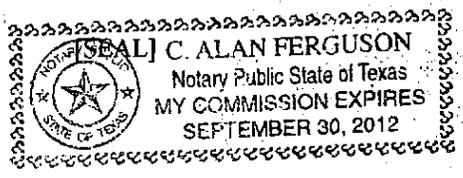
[Signature]  
(Signature of Affiant)

State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April, 2012 By Roy Clerk Bandy, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_



[Signature]

Notary Public

C. Alan Ferguson

Printed Notary Name

09-30-2012

My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Government Personnel Mutual Life Insurance Company** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact **Legal Department, GPM Life, 2211 NE Loop 410, San Antonio, TX 78217, 210-357-2222.**

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Roy Clark Boddy, San Antonio, Texas 78212  
(Printed Full Name and Residence Address)

R. Clark Boddy  
(Signature)

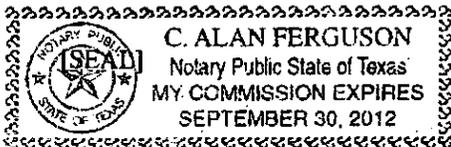
4/11/12  
(Date)

State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April 20 12 By Roy Clark Boddy, and

who is personally known to me, or

who produced the following identification:



C. Alan Ferguson  
Notary Public

C. Alan Ferguson  
Printed Notary Name

09-30-2012  
My Commission Expires

Applicant Name Government Personnel Mutual  
Life Insurance Company

NAIC No.: 63967  
FEIN: 74-0651020

Affiant Name: **Roy Clark Boddy**

---

**6) List of Memberships in Societies and Professional Associations, cont'd**

Christus Santa Rosa Children's Hospital Foundation – Board Member	Cindy Almar	100 NE Loop 410, Ste. 706 San Antonio, TX 78216	(210) 704-2800
Rotary Club of San Antonio, Past President	Aimee Holland	110 Broadway, Ste. 220 San Antonio, TX 78205	(210) 222-8242
San Antonio Can High School Board Member		1807 Centennial, San Antonio, TX 78211	(210) 923-1225
Gathering of Men, San Antonio Board Member	T.A. Strader	P. O. Box 34881 San Antonio, TX 78265	(210) 684-3480
Alamo Heights United Methodist Church, Past Chairman of the Board	David McNizky Senior Pastor	825 E. Basse Rd. San Antonio, TX 78209	(210) 826-2412
Greater San Antonio Chamber of Commerce	Tuesdae Knight VP Membership	602 E. Commerce St. San Antonio, TX 78205	(210) 229-2100

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

San Antonio, Texas 78217 (800) 938-4765; (210) 357-2222

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Susan Lewellyn Pamerleau

2. a. Are you a citizen of the United States? Yes

b. Are you a citizen of any other country, if so, what country? NA

3. Affiant's Occupation or Profession: Executive

4. Affiant's business address: 230 Dwyer Avenue, #1102, San Antonio, Texas 78204-1038

Business telephone: (210) 566-8920

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See Attached</u>			

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See Attached</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>See Attached</u>			

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Air Force Association</u>	<u>Mike Dunn</u>	<u>1501 Lee Hwy, Arlington, VA 22209.</u>	<u>(800) 727-3337</u>
<u>Military Officers of America Association</u>	<u>mensvcs@inoaa.org</u>	<u>201 N. Washington St., Alexandria, VA 22314</u>	<u>(800) 234-6622</u>
<u>See Attached</u>			

7. Present or proposed position with the applicant entity. Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 04/11 - 10/11 Employer's Name Republican Party of Bexar County

Address 900 NE Loop 410, Suite D-105 City San Antonio State/Province Texas

Country USA Postal Code 78209 Phone 210-824-9445 Offices/Positions Held Vice Chairman

Supervisor / Contact Curt Nelson, Chairman

Beginning/Ending Dates (MM/YY) See Attached Employment History Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country USA Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

9. a. Have you ever been in a position which required a fidelity bond? No. If any claims were made on the bond, give details. NA

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No. NA

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code NA

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

Organization /Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code NA

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
No.

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
No.

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
No.

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No.

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
No.

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No.
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No.
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No.
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No.
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No.

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

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

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

NA

If any of the shares of stock are pledged or hypothecated in any way, give details.

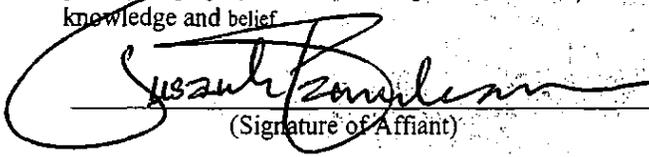
NA

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

14. Have you ever been adjudged a bankrupt? No If yes, provide details NA
15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No.
  - b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes. See attachment
  - c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11th day of April, 2012 at San Antonio, Texas. 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)

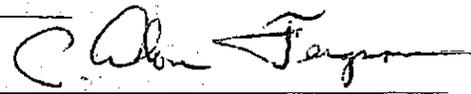
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11th day of April, 2012 By

Susan Hewitt Pamerleau, and:

\_\_\_\_\_ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

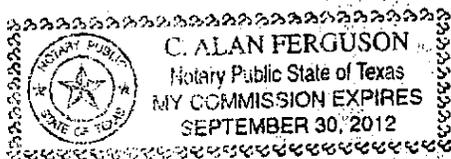


Notary Public

C. Alan Ferguson  
Printed Notary Name

09-30-2012  
My Commission Expires

[SEAL]



Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

San Antonio, Texas 78217 (210) 357-2222 (800) 938-4765

1. Affiant's Full Name (Initials Not Acceptable). Susan Lewellyn Pamerleau
2. Have you ever used any other name including nickname, maiden name or aliases? No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>07/29/46</u>	<u>Paula Susan Lewellyn</u>	<u>given name</u>
<u>03/29/71</u>	<u>Paula Susan Lewellyn Moseley</u>	<u>marriage</u>
<u>06/24/79</u>	<u>Paula Susan Lewellyn Pamerleau</u>	<u>marriage</u>
<u></u>	<u>Susan Lewellyn Pamerleau</u>	<u>Court order</u>
<u></u>	<u></u>	<u></u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen NA
5. Foreign Student ID# (if applicable) NA
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Knoxville  
State/Province TN Country USA
7. Name of Affiant's Spouse (if applicable) NA

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
	[REDACTED]	San Antonio,	TX	USA	78204-1038
02/01 -	[REDACTED]	Universal City,	TX	USA	78148
08/00 - 02/01	[REDACTED]	Universal City,	TX	USA	78148
05/98 - 07/00	[REDACTED]	Washington,	DC	USA	20336
02/96 - 04/98	[REDACTED]	Randolph AFB	TX	USA	78150
08/94 - 01/96	[REDACTED]	Maxwll AFB	AL	USA	36113

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11th day of April, 2012 at San Antonio, Texas 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]  
(Signature of Affiant)

State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11th day of April, 20 12 By Susan Katelyn Pamerleau, and:

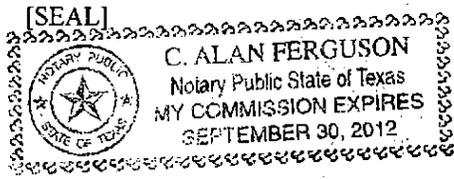
- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[Signature]

Notary Public

C. Alan Ferguson  
Printed Notary Name

09-30-2012  
My Commission Expires



Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Government Personnel Mutual Life Insurance Company** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact **The Legal Department, GPM Life Insurance Company, 2211 NE Loop 410, San Antonio, TX 78217, 210-357-2222.**

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Susan Lewellyn Pamerleau, San Antonio, Texas 78204-1038  
(Printed Full Name and Residence Address)

Susan Pamerleau  
(Signature)

April 11, 2012  
(Date)

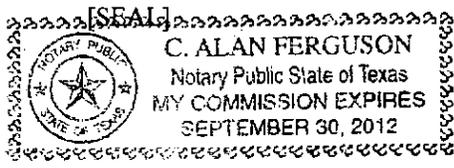
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April 2012 By Susan Lewellyn Pamerleau, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

C. Alan Ferguson  
Notary Public



C. Alan Ferguson  
Printed Notary Name  
09-30-2012  
My Commission Expires

Applicant Name Government Personnel Mutual  
Life Insurance Company

NAIC No.: 63967  
FEIN: 74-0651020

Affiant Name: **SUSAN L. PAMERLEAU**

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**5. Education and Training:**

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Degree Obtained</u>
Phillips University	Enid, OK	09/64 - 05/67	None
University of New Mexico	Albuquerque, NM	06/65 - 08/65	None
University of Wyoming	Laramie, WY	09/67 - 06/68	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Degree Obtained</u>
	Golden Gate University	San Francisco, CA	05/77 - 07/78	MPA
	Phillips University	Enid, OK	05/38	Doctor of Honoris (Honorary Doctorate)

<u>Other Training</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Degree/Certification Obtained</u>
Advanced Executive Mgmt, Kellogg Graduate School of Business Northwestern University	Evanston, IL	06/91 - 07/91	None
Federal Executive Course JFK School of Government Harvard University	Cambridge, MA	07/99 - 08/99	None
Insurance Exec. Mgmt Course The Wharton School of Business University of Pennsylvania	Philadelphia, PA	03/04 - 09/04	None

**6) List of Memberships in Societies and Professional Associations, cont'd**

Greater San Antonio Chamber of Commerce	Linda Corkill	602 E. Commerce St. San Antonio, TX 78207	(210) 229-22100
Rotary Club of San Antonio	Aimee Holland	110 Broadway, Ste. 220 San Antonio, TX 78205	(210) 222-8242

Applicant Name Government Personnel Mutual  
Life Insurance Company

NAIC No.: 63967  
FEIN: 74-0651020

Affiant Name: SUSAN L. PAMERLEAU

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**8. Employment (continued)**

02/11 – Present University of Wyoming Foundation Board  
1200 E. Ivinson Ave., Laramie WY  
82070-4159 (307) 766-3948 Trustee  
Ben Blalock

12/10 – Present Civil Air Patrol Board of Governors  
105 S. Hansell St., Bldg. 714 Maxwell AFB AL  
36112-6332 (877) 227-9142 Governor (Secretary of the Air  
Force Appointment Don Rowland

04/07 – Present GPM Life Insurance Company  
2211 NE Loop 410 San Antonio TX  
78217 (210) 357-2200 Director  
Alan Ferguson

06/01 – Present Air Force Aid Society  
241 18<sup>th</sup> St., Ste. 202 Arlington VA  
22202 (703) 607-3134 Trustee; Chair of Development  
Committee Lt. Gen. John Hopper

04/01 – Present Arnold Air Society & Silver Wings  
10411 Courthouse Rd., Ste. E Spotsylvania VA  
22553 (540) 710-5696 Trustee (01- present), Chair of  
Board of Trustees (08 – present) Brig. Gen. Richard Bundy

01/01 – 03/07 USAA  
9800 Fredericksburg Rd. San Antonio TX  
78288 (210) 498-5481 Senior Vice President,  
Vice President Joe Wehrle (210) 487-0333

05/98 – 05/00 US Air Force (HQ USAF DP)  
AF Pentagon 1040 Washington DC  
20330-1040 (703) 697-6088 Director Personnel Force Mgmt.  
Lt. Gen. USAF ret'd Don Peterson (703) 764-3851

02/96 - 04/98 US Air Force (Air Force Personnel Center)  
550 C Street West, Ste. 1 Randolph AFB TX  
78150 (210) 565-4252 Commander  
Lt. Gen. Ret'd, Michael D. McGinty (843) 681-8498

08/94 - 01/96 US Air Force (AF Reserve Officer Training Corp)  
55 Lemay Plaza South Maxwell AFB AL  
Ste. 120, USA 36112-6335 (334) 953-2044 Commander  
Lt. Gen. (ret.) Jay Kelley, USAF

03/93 - 07/94 US Air Force (Air Force Military Personnel Center)  
550 C Street West, Ste 1 Randolph AFB TX  
US 78150 (210) 565-4252 Vice Commander  
Maj. Gen. (ret. Burt Davitte, USAF

07/92 - 02/93 US Air Force  
Hq USAF/DPF, AF Pentagon 1040 Washington DC  
US 20330-1040 (703) 697-1228 Chief, Resource Allocation Div.  
Lt. Gen (ret.) Charles R. Heflebower, USAF

04/89 - 07/92 US Air Force (US Delegation to NATO- International Military Staff)  
USDEL/IMS, PSC 80 APO AE NY  
US 09724 ----- Chief of Staff, Plans & Policy  
LTG (ret) Charles Otstott, US Army

08/88 - 04/89 US Air Force (Basic Military Training School)  
1890 Bong Avenue, Ste 1 Lackland AFB TX  
US 78236 ----- Vice Commander  
Col (ret) Henry J. Williams, USAF

03/87 - 08/88 US Air Force (3700 Personnel Resources Group)  
2000 Bong Avenue, Ste 1 Lackland AFB TX  
US 78236-5109 (210) 671-3337 Commander  
MajGen (ret) Chris O. Divich, USAF

Applicant Name      Government Personnel Mutual  
                                 Life Insurance Company

NAIC No.:      63967  
FEIN:            74-0651020

Affiant Name:      **SUSAN L. PAMERLEAU**

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**15b. Federal Bankruptcy Proceeding while serving as director/trustee**

**Trustee – The National Benevolent Association (2003 – 2005)**

- Not for profit: Social and health services arm of the Christian Church (Disciples of Christ)
- Joined board in May 2003
- Senior board and management leadership decided to engage professionals (legal, CPA, investment banker) to review options to address work-out for technical default of bond debt
  - Entered “zone of insolvency” in July 2003
  - Filed for bankruptcy under Chapter 11 of the U.S. Bankruptcy Code in January 2004 after unsuccessful attempts to achieve an out of court settlement with creditors
    - Case No. 04-50948 (Western District, Federal Bankruptcy Court)
- Emerged from Chapter 11 in March 2005

**Trustee – Phillips University (1995 – 1999)**

- Liberal arts university, affiliated with the Christian Church (Disciples of Christ)
- Joined board in late 1995
- In the years before joining the board, the school had undergone dramatic change to survive:
  - Sold campus property to City of Enid, OK, then purchased it back when there was movement to turn the school into a public university
  - Entered partnership with Japanese university, which didn't provide necessary revenues
  - During these intervening years, much of the endowment was used to get out of these partnerships and meet operational requirements, without raising additional sustaining capital.
- New leadership made exceptional strides in improving student enrollment, retention and programs; financial situation made loans difficult to obtain
- Filed for bankruptcy under Chapter 11 of the U.S. Bankruptcy Code on April 1, 1998, and emerged from bankruptcy on June 22, 2000.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company, 2211 NE Loop 410, San Antonio, Texas 78217; or

P. O. Box 659567, San Antonio, Texas 78265-9567; 800-938-4765

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Eugene Emil Habiger

2. a. Are you a citizen of the United States? Yes.

b. Are you a citizen of any other country, if so, what country? NA

3. Affiant's Occupation or Profession. President/CEO - Strategic Perspectives Development, LLC

4. Affiant's business address. - 15303 Huebner Rd., Bldg. 15, San Antonio, Texas 78248

Business telephone. - 210-222-1500

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Georgia</u>	<u>Athens, Georgia</u>	<u>09/1961 - 05/1963</u>	<u>B.S.</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>George Washington University,</u>	<u>Washington, DC</u>	<u>09/1971 - 02/1973</u>	<u>M.S.</u>

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>MIT</u>	<u>Cambridge, MA</u>	<u>09/1990 - 05/1991</u>	<u>None</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Air Force Association	membership@afa.org	1501 Lee Hwy, Arlington, VA 22209-1198	800-727-3337

7. Present or proposed position with the applicant entity. Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 05/04 - Present Employer's Name Strategic Perspectives Development, LLC

Address 15303 Huebner Rd., Building 15 City San Antonio State/Province Texas

Country USA Postal Code 78248 Phone (210) 222-1500 Offices/Positions Held President/CEO

Supervisor / Contact NA

Beginning/Ending

Dates (MM/YY) 02/01 - 04/04 Employer's Name San Antonio Water System

Address - 2800 US Hwy 281 North City San Antonio State/Province Texas

Country USA Postal Code 78298-2449 Phone 210-704-7297 Offices/Positions Held - President/CEO

Supervisor / Contact \_\_\_\_\_

Beginning/Ending

Dates (MM/YY) 06/99 - 01/01 Employer's Name - Department of Energy

Address 1000 Independence Ave. SW City Washington State/Province D.C.

Country USA Postal Code 20585 Phone 800-DIALDOE 202-586-5000 Offices/Positions Held - Director of Energy

Supervisor / Contact - Secretary of Energy, Bill Richardson

Beginning/Ending

Dates (MM/YY) 06/63 - 08/98 Employer's Name U.S. Air Force

Address 1670 Air Force Pentagon City Washington State/Province D.C.

Country USA Postal Code 20330 Phone 703-697-9225 Offices/Positions Held CINCSTRAT

Supervisor / Contact Chief of Staff

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

9. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. None

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

None

Organization/Issuer of License NA Address NA

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

Organization /Issuer of License NA Address NA

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question: Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
No.

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
No.

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
No.

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No.

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
No.

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No.
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No.
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No.
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No.
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No.

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

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

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. None.

If any of the shares of stock are pledged or hypothecated in any way, give details.

NA

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

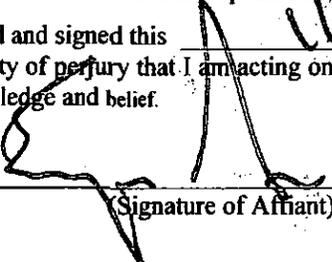
14. Have you ever been adjudged a bankrupt? No. If yes, provide details NA

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No.
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No.
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16 day of April, 2012 at San Antonio, Texas 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)

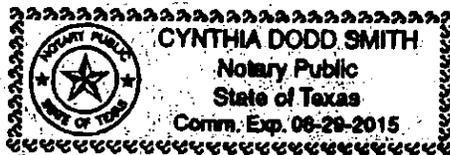
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2012 By Eugene Emil Habiger, and:

\_\_\_\_\_ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Cynthia Dodd Smith  
Notary Public

Cynthia Dodd Smith

Printed Notary Name

08-29-2015

My Commission Expires



Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

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

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
.08/98 - present	[REDACTED]	San Antonio,	TX	USA	78258-4003

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 16<sup>th</sup> day of April, 2012 at San Antonio 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.

*[Handwritten Signature]*  
(Signature of Affiant)

State of Texas County of Bexar

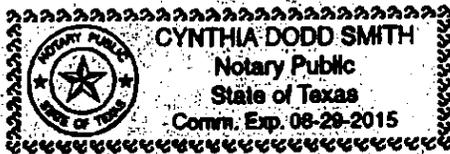
The foregoing instrument was acknowledged before me this 16 day of April, 2012 By

Eugene Emil Habiger, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



*Cynthia Dodd Smith*  
Notary Public

Cynthia Dodd Smith  
Printed Notary Name

08-29-2015  
My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Government Personnel Mutual Life Insurance Company** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact The Legal Department, GPM Life, 2211 NE Loop 410, San Antonio, TX 78217, 210-357-2222.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

General Eugene Emil Habiger, USAF, Ret'd, [Redacted] San Antonio, Texas 78258-4003  
(Print Name) (Residence Address)

*[Handwritten Signature]*  
(Signature)

*16 Apr 12*  
(Date)

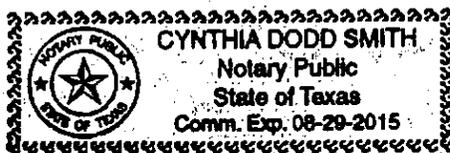
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2012 By Eugene Emil Habiger, and

\_\_\_\_\_ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



*Cynthia Dodd Smith*  
Notary Public  
Cynthia Dodd Smith  
Printed Notary Name  
08-29-2015  
My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

San Antonio, Texas 78217 (800) 938-4765; (210) 357-2222

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. Affiant's Full Name (Initials Not Acceptable) James Rudolph Reed
- 2. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country, if so, what country? NA
- 3. Affiant's Occupation or Profession. Executive
- 4. Affiant's business address. 8300 Floyd Curl Drive, San Antonio, Texas 78229  
Business telephone. (210) 614-3724
- 5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Westminster College</u>	<u>Fulton, Missouri</u>	<u>09/56 - 05-60</u>	<u>BA</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>NA</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>NA</u>			

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
University of Texas at San Antonio, Advisory Board Member	Ricardo R6mo	One UTSA Circle, San Antonio, TX 78249	(210) 458-4101
Alamo Regional Mobility Authority, Board Member	Victor Boyer	13526 George Road, Ste. 107, San Antonio, TX 78230	(210) 688-4407
San Antonio Mobility Coalition	Victor Boyer	13526 George Road, Ste. 107, San Antonio, TX 78230	(210) 688-4407
Transportation Advocates of Texas	Victor Boyer	13526 George Road, Ste. 107, San Antonio, TX 78230	(210) 688-4407
United Way of San Antonio and Bexar County	Howard Nolan	700 S. Alamo, San Antonio, TX 78205	(210) 227-4357

7. Present or proposed position with the applicant entity. Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY)      /99 - Present Employer's Name San Antonio Medical Foundation  
Address 8300 Floyd Curl Dr. City San Antonio State/Province Texas  
Country USA Postal Code 78229 Phone (210) 614-3724 Offices/Positions Held President  
Supervisor / Contact Wayne Alexander; (2310) 479-1300

Beginning/Ending Dates (MM/YY)      /92 -      /99 Employer's Name American Heart Association  
Address 8415 Wurzbach Rd. City San Antonio State/Province Texas  
Country USA Postal Code 78217 Phone (210) 614-4121 Offices/Positions Held District Executive Director  
Supervisor / Contact John Calhoon, M.D.; (210) 567-6863

Beginning/Ending Dates (MM/YY)      /60 -      /91 Employer's Name Southwestern Bell Telephone  
Address 175 E. Houston St., Suite 1307 City San Antonio State/Province Texas  
Country USA Postal Code 78205 Phone (210) 821-4105 Offices/Positions Held Division Manager  
Supervisor / Contact Wayne Alexander; (210) 479-1300

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

9. a. Have you ever been in a position which required a fidelity bond? No. If any claims were made on the bond, give details. NA

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No. NA

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code NA

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

Organization /Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code NA

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
No.

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
No.

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
No.

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No.

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
No.

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No.
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No.
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No.
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No.
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No.

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

NA

If any of the shares of stock are pledged or hypothecated in any way, give details.

NA

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

14. Have you ever been adjudged a bankrupt? No \_\_\_\_\_ If yes, provide details NA \_\_\_\_\_

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No. \_\_\_\_\_

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No. \_\_\_\_\_

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No. \_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11<sup>th</sup> day of April, 2012 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.

James Rudolph Reed  
(Signature of Affiant)

State of Texas County of Bexar

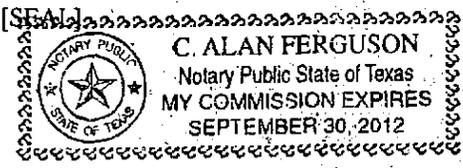
The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April, 2012 By

James Rudolph Reed, and:

\_\_\_\_\_ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

C. Alan Ferguson  
Notary Public



C. Alan Ferguson  
Printed Notary Name  
09-30-2012  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

San Antonio, Texas 78217 (210) 357-2222 (800) 938-4765

1. Affiant's Full Name (Initials Not Acceptable): James Rudolph Reed

2. Have you ever used any other name including nickname, maiden name or aliases? No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
-	<u>Jim Reed</u>	<u>None</u>
-	<u>James R. Reed</u>	<u>None</u>
-		
-		
-		
-		
-		
-		
-		
-		

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]

4. Government Identification Number if not a U.S. Citizen NA

5. Foreign Student ID# (if applicable) NA

6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City Mexico  
State/Province Missouri Country USA

7. Name of Affiant's Spouse (if applicable) Katie Reed

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

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

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11<sup>th</sup> day of April, 2012 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.

*James R. Reed*

(Signature of Affiant)

State of Texas County of Bexar

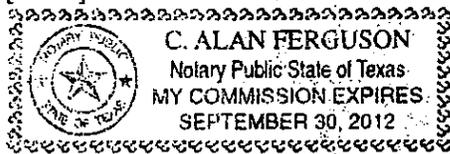
The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April, 202012 By

James Rudolph Reed, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



*C. Alan Ferguson*

Notary Public

C. Alan Ferguson

Printed Notary Name

09-30-2012

My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** (All states except California, Minnesota and Oklahoma)

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Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

James Rudolph Reed, [Redacted] San Antonio, Texas 78229  
(Printed Full Name and Residence Address)

James Rudolph Reed  
(Signature)

April 11, 2012  
(Date)

State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April 20 12 By James Rudolph Reed, and

who is personally known to me, or

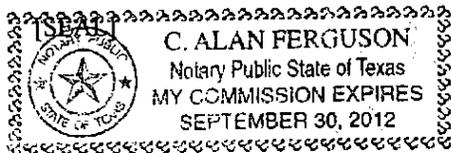
who produced the following identification: \_\_\_\_\_

C. Alan Ferguson

Notary Public

C. Alan Ferguson  
Printed Notary Name

09-30-2012  
My Commission Expires



Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

San Antonio, Texas 78217 (800) 938-4765; (210) 357-2222

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Neal Thomas Jaco

2. a. Are you a citizen of the United States? Yes

b. Are you a citizen of any other country, if so, what country? NA

3. Affiant's Occupation or Profession. Lt. General, USA, Ret'd

4. Affiant's business address. NA

Business telephone. NA

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Missouri State University	Springfield, MO	09/54 - 11/58	BS

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
George Washington University	Washington, D.C.	09/69 - 08-70	MS	

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
Harvard Business School	Cambridge, MA	05/89 - 09/89	Executive Management Course

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Association of the U.S. Army</u>	<u>Gordon Sullivan, Pres.</u>	<u>2425 Wilson Blvd., Arlington, VA 22201</u>	<u>800-336-4570; 703-841-4300</u>
<u>Retired Officers Association</u>	<u>Bev Cavanaugh</u>	<u>cavanaba@cba.com.au</u>	

7. Present or proposed position with the applicant entity. Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 02/59 - 02/94 Employer's Name U.S. Army

Address Dept. of the Army, 1400 Defense Pentagon City Washington State/Province DC

Country USA Postal Code 20301-1400 Phone http://www.army.mil/ Offices/Positions Held Lt. General

Supervisor / Contact General Raymond T. Odierno, Chief of Staff of U.S. Army

Beginning/Ending

Dates (MM/YY) NA - NA Employer's Name NA

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending

Dates (MM/YY) NA - NA Employer's Name NA

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending

Dates (MM/YY) NA - NA Employer's Name NA

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond? No. If any claims were made on the bond, give details. NA

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No. NA

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code NA

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

Organization /Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code NA

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
No.

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
No.

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
No.

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No.

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
No.

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No.
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No.
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No.
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No.
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No.

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten-percent (10%) or more of the voting securities of any other person. None

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

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NA

If any of the shares of stock are pledged or hypothecated in any way, give details. NA





Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
11/91 - Present	[REDACTED]	San Antonio	Texas	USA	78230

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

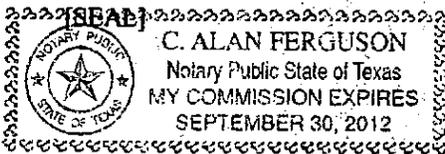
Dated and signed this 11 day of April, 2012 at San Antonio, TX I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

*Neal Thomas Jacc*  
\_\_\_\_\_  
(Signature of Affiant)

State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April, 2012 By Neal Thomas Jacc, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_



*C. Alan Ferguson*  
\_\_\_\_\_  
Notary Public

C. Alan Ferguson  
Printed Notary Name  
09-30-2012  
My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967  
FEIN: 74-0651020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Government Personnel Mutual Life Insurance Company** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact **The Legal Department, GPM Life Insurance Company, 2211 NE Loop 410, San Antonio, TX 78217, 210-357-2222.**

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Neal Thomas Jaco, Lt. General USA, Ret'd, [Redacted] San Antonio, Texas 78230

(Printed Full Name and Residence Address)

Neal Thomas Jaco  
(Signature)

11 April 2012  
(Date)

State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April 20 12 By Neal Thomas Jaco, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

C. Alan Ferguson

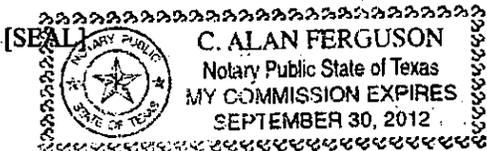
Notary Public

C. Alan Ferguson

Printed Notary Name

09-30-2012

My Commission Expires



Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

**(Print or Type)**

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

San Antonio, Texas 78217 (210) 357-2222

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. Affiant's Full Name (Initials Not Acceptable). Peter John Hennessey IV
- 2. a. Are you a citizen of the United States? Yes.
- b. Are you a citizen of any other country, if so, what country? No.
- 3. Affiant's Occupation or Profession. Director and Senior Vice President, Marketing
- 4. Affiant's business address. 2211 NE Loop 410, San Antonio, Texas 78217
- Business telephone. (210) 357-2202

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>University of Texas</u>	<u>Austin, Texas</u>	<u>09/94 - 12/98</u>	<u>BS</u>	
<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>NA</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Life Office Management Assn</u>	<u>Atlanta, GA</u>	<u>Self-study</u>	<u>ACS, FLMI</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>NA</u>			

7. Present or proposed position with the applicant entity. Director and Senior Vice President, Marketing

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 10/99 - 03/03 Employer's Name GPM Life Insurance Company  
Address 2211 NE Loop 410 City San Antonio State/Province Texas  
Country USA Postal Code 78217 Phone (210) 357-2222 Offices/Positions Held Marketing Technical Specialist  
Supervisor / Contact Gary Shelstad

Beginning/Ending Dates (MM/YY) 04/03 - 01/06 Employer's Name GPM Life Insurance Company  
Address 2211 NE Loop 410 City San Antonio State/Province Texas  
Country USA Postal Code 78217 Phone 210-357-2222 Offices/Positions Held Assistant Vice President of Coordination  
Supervisor / Contact Underwriting Manager, Gene Bryan

Beginning/Ending Dates (MM/YY) /06 - /07 Employer's Name GPM Life Insurance Company  
Address 2211 NE Loop 410 City San Antonio State/Province Texas  
Country USA Postal Code 78217 Phone (210) 357-2222 Offices/Positions Held Vice President of Coordination  
Supervisor / Contact Peter J. Hennessey III

Beginning/Ending Dates (MM/YY) /07 - Present Employer's Name GPM Life Insurance Company  
Address 2211 NE Loop 410 City San Antonio State/Province Texas  
Country USA Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held Senior Vice President of Marketing

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
Supervisor / Contact Peter J. Hennessey III FEIN: 74-0651020

9. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. NA
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NA

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Texas Department of Insurance Address P. O. Box 149104

City Austin State/Province Texas Country USA Postal Code 78217

License Type General License # 991593 Date Issued (MM/YY) 01/00

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

Organization /Issuer of License NA Address NA

City NA State/Province NA Country NA Postal Code \_\_\_\_\_

License Type NA License # NA Date Issued (MM/YY) NA

Date Expired (MM/YY) NA Reason for Termination NA

Non-insurance Regulatory Phone Number (if known) NA

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
No
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NA

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. No

If any of the shares of stock are pledged or hypothecated in any way, give details.

NA

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

14. Have you ever been adjudged a bankrupt? No If yes, provide details NA

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

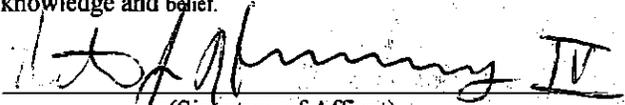
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  
No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 19th day of April, 2012 at San Antonio, Texas 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)

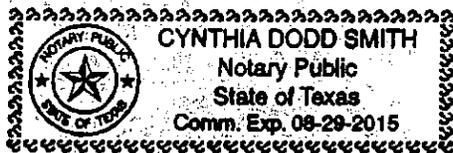
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 19th day of April, 2012 By Peter John Hennessey IV, and:

\_\_\_\_\_ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



  
Notary Public

Cynthia Dodd Smith  
Printed Notary Name

08-29-2015  
My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967  
FEIN: 74-0651020

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410,

San Antonio, Texas 78217 (210) 357-2222

1. Affiant's Full Name (Initials Not Acceptable): Peter John Hennessey IV
2. Have you ever used any other name including nickname, maiden name or aliases? No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
-		
-		
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]  
NA

5. Foreign Student ID# (if applicable) NA

6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City San Antonio  
State/Province Texas Country USA

7. Name of Affiant's Spouse (if applicable) Claire Hennessey

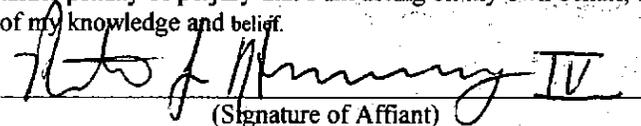
Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
FEIN: 74-0651020

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
05/05 – Present	[REDACTED]	San Antonio	Texas	USA	78209
05/01 – 05/07	[REDACTED]	San Antonio	Texas	USA	78209

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 19th day of April, 2012 at San Antonio, Texas 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 Texas County of Bexar

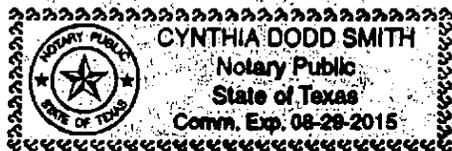
The foregoing instrument was acknowledged before me this 19th day of April, 2012 By

Peter John Hennessey IV, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]





Notary Public

Cynthia Dodd Smith

Printed Notary Name

08-29-2015

My Commission Expires

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967  
FEIN: 74-0651020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** *(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Government Personnel Mutual Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact The Legal Department, GPM Life Insurance Company, 2211 NE Loop 410, San Antonio, Texas 78217; (210) 357-2222.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Peter John Hennessey IV, [Redacted] San Antonio, Texas 78209

(Printed Full Name and Residence Address)

[Signature]  
(Signature)

April 19, 2012  
(Date)

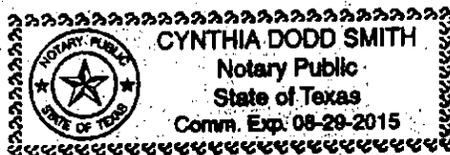
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 19th day of April 2012 By Peter John Hennessey IV, and

who is personally known to me, or

who produced the following identification:

[SEAL]



Cynthia Dodd Smith  
Notary Public  
Cynthia Dodd Smith  
Printed Notary Name  
08-29-2015  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company, 2211 NE Loop 410, San Antonio, Texas 78217

(800) 938-4765; (210) 357-2222

In connection with the above-named entity, 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.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Charles Alan Ferguson

2. a. Are you a citizen of the United States? Yes.

b. Are you a citizen of any other country, if so, what country? No.

3. Affiant's Occupation or Profession. Texas licensed Attorney.

4. Affiant's business address. 2211 NE Loop 410, San Antonio, Texas 78217

Business telephone. 210-357-2222 ext. 2101

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Southern Methodist University	Dallas, Texas	09/58 – 05/62	B.A.

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Law	Southern Methodist University	Dallas, Texas	09/62 – 05/65	J.D.

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
LOMA,	Atlanta, GA	Self-Study	FLMI
American Society of CLU And ChFC	Bryn Mawr, PA	Self-Study	CLU

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
 FEIN: 74-065-1020

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Bar Association	<a href="http://www.americanbar.org/aba.html">http://www.americanbar.org/aba.html</a>	321 N. Clark St., Chicago, IL 60654	(312) 988-5000
State Bar of Texas	<a href="http://texasbar.com/am/template.cfm?section=home">http://texasbar.com/am/template.cfm?section=home</a>	1414 Colorado St., Austin, TX 78701	(800) 204-2222
San Antonio Bar Association	Jimmy Allison	100 Dolorosa St., San Antonio, TX 78205	(210) 227-8822

7. Present or proposed position with the applicant entity.

Director. Senior Vice President, General Counsel and Secretary.

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 08/1969- Present \_\_\_\_\_ Employer's Name Government Personnel Mutual Life Insurance Company \_\_\_\_\_

Address 2211 NE Loop 410 City San Antonio, \_\_\_\_\_ State/Province Texas \_\_\_\_\_

Country U.S.A. \_\_\_\_\_ Postal Code 78217 \_\_\_\_\_ Phone 210-357-2222. Offices/Positions Held: SVP, General Counsel and Secretary; previously VP, General Counsel and Secretary; Associate General Counsel and Secretary; Associate General Counsel and Assistant Secretary; Assistant General Counsel and Assistant Secretary. \_\_\_\_\_

Supervisor / Contact Peter J. Hennessey III, 210-357-2222 \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ Employer's Name N/A \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) NA \_\_\_\_\_ Employer's Name N/A \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ Employer's Name N/A \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Applicant Name (Company) Government Personnel Mutual Life Insurance Company NAIC No. 63967  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
FEIN: 74-0651020  
Supervisor / Contact \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond? Yes. \_\_\_\_\_ If any claims were made on the bond, give details. NA. \_\_\_\_\_  
b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. No. \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License - State Bar of Texas \_\_\_\_\_ Address - Texas Law Centre, P. O. Box 12487 \_\_\_\_\_  
City - Austin \_\_\_\_\_ State/Province - Texas \_\_\_\_\_ Country - U.S.A. \_\_\_\_\_ Postal Code - 78711 \_\_\_\_\_  
License Type - Law \_\_\_\_\_ License # 06910000 \_\_\_\_\_ Date Issued (MM/YY) 09/20/1965 \_\_\_\_\_  
Date Expired (MM/YY) - NA \_\_\_\_\_ Reason for Termination - NA \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) (512) 427-1463 (Texas State Bar) \_\_\_\_\_

Organization /Issuer of License - Notary Public Unit, Texas Secretary of State Address - P. O. Box 13375 \_\_\_\_\_  
City - Austin \_\_\_\_\_ State/Province - Texas \_\_\_\_\_ Country - U.S.A. \_\_\_\_\_ Postal Code - 78711-3375 \_\_\_\_\_  
License Type - Notary Public \_\_\_\_\_ License # 8389647 \_\_\_\_\_ Date Issued (MM/YY) 09/30/1980 \_\_\_\_\_  
Date Expired (MM/YY) 09/30/2012 \_\_\_\_\_ Reason for Termination - NA (will be renewed before expiration) \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) - (512) 463-5705 \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
No. \_\_\_\_\_
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
No. \_\_\_\_\_
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No. \_\_\_\_\_
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No. \_\_\_\_\_

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
No. \_\_\_\_\_
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No. \_\_\_\_\_
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No. \_\_\_\_\_
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No. \_\_\_\_\_
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No. \_\_\_\_\_
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  
No. \_\_\_\_\_

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NA \_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None. \_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. None. \_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

No. \_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details.

NA \_\_\_\_\_

Explanation for the answer to 15.c.

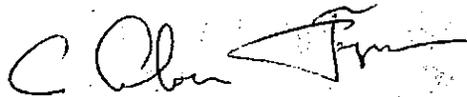
I believe that the correct answer is "no," the Applicant Company ("AC") has paid no fines. But in the interest of full disclosure, Affiant will add:

In 1993 the AC reimbursed the state of Texas for investigative costs and attorney's fees in connection with allegations, which the AC denied, concerning the sales practices of a Florida insurance agency representing the AC. The AC terminated its relationship with that agency.

In 1995 the AC paid \$2800 to the Insurance Department of Florida because of filing late a certification that the AC had complied with Florida's advertising regulations. The AC had actually complied with Florida's advertising regulations.

In 2008 the AC paid the Connecticut Insurance Department \$200 to satisfy that Department's allegation, vehemently denied, that the AC was required to file its Annual Statement under Connecticut law on May 1 (a Saturday) even though the AC followed a) the NAIC instructions for filing electronically and b) the domiciliary state's (Texas) instructions by filing on the Monday (May 3) after a due date (May 1) which falls on a weekend.

The Affiant is aware of no other such matters.

A handwritten signature in black ink, appearing to read "C. Olson". The signature is written in a cursive style with a large, stylized initial "C" and a long, sweeping horizontal stroke at the end.

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Government Personnel Mutual Life Insurance Company

2211 NE Loop 410

San Antonio, Texas 78217 (800) 938-4765; (210) 357-2222

1. Affiant's Full Name (Initials Not Acceptable) Charles Alan Ferguson
2. Have you ever used any other name including nickname, maiden name or aliases? Yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
<u>08/69 - 04/12</u>	<u>C. Alan Ferguson</u>	<u>None.</u>
<u>01/40 - 08/69</u>	<u>Al Ferguson</u>	<u>None.</u>
<u>01/40 - 04/12</u>	<u>Alan Ferguson</u>	<u>None.</u>
<u>-</u>	<u>-</u>	<u>-</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number [REDACTED]
4. Government Identification Number if not a U.S. Citizen - NA
5. Foreign Student ID# (if applicable) - NA
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City - Fulton  
State/Province - Missouri Country - USA
7. Name of Affiant's Spouse (if applicable) Janill Ferguson

Applicant Name (Company) Government Personnel Mutual Life Insurance Company

NAIC No. 63967

FEIN: 74-0651020

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
06/1984 to present	[REDACTED]	San Antonio,	Texas	USA	78255

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 12th day of April, 2012 at San Antonio, Texas 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.

*Charles Alan Ferguson*

(Signature of Affiant)

State of Texas County of Bexar

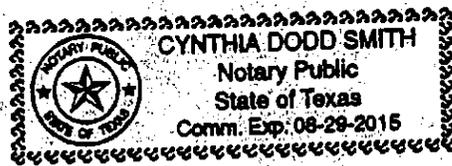
The foregoing instrument was acknowledged before me this 12th day of April, 2012 By

Charles Alan Ferguson, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



*Cynthia Dodd Smith*  
Notary Public

Cynthia Dodd Smith  
Printed Notary Name

08/29/2015  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Government Personnel Mutual Life Insurance Company** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact **The Legal Department, GPM Life Insurance Company, 2211 NE Loop 410, San Antonio, Texas 78217; 210-357-2222.**

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Charles Alan Ferguson, [Redacted], San Antonio, Texas 78255  
(Printed Full Name and Residence Address)

C Alan Ferguson  
(Signature)

4-12-12  
(Date)

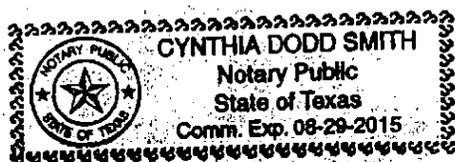
State of Texas County of Bexar

The foregoing instrument was acknowledged before me this 12th day of April 2012 By Charles Alan Ferguson, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Cynthia Dodd Smith  
Notary Public

Cynthia Dodd Smith  
Printed Notary Name

08-29-2015  
My Commission Expires