Applicant Company Name

NAIC No.:

FEIN:

93505 06-0974148 39-1052598 06-1422508 06-1207332

71153

<u>81213</u>

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

				(Francoi I	(pe)	
Full requ	name, addi ired (Do N	ress and tell ot Use Gro	ephone number of th up Names)	e present or propos	ed entity under which this biog	graphical statement is bein
AM	C MGP GI	P Ltd c/o A	Atlas Merchant Capi	ital LLC, 375 Park	Avenue, 21st Fl., New York, N	NY 10152 212-883-4330
110101	HULLOL SCL :	iviui. Lauc	bove-named entity, ich addendum or sep IONE," SO STATE.	I herewith make rarate sheet if space	epresentations and supply infe e hereon is insufficient to answ	ormation about myself a ver any question fully.) I
1.	Affiant	's Full Nar	ne (Initials Not Acce	ptable): First:_Rob	ertMiddle:_EdwardLa	st:Diamond, Jr
2.	a.		a citizen of the United			
		Yes	x No			
	b.	Are you	a citizen of any other	country?		
		Yes	x No			
		If yes, wi	nat country?Unit	ed Kingdom		
3.	Affiant				CEO of Atlas Merchant Capit	al LLC
4.					New York, NY 10152	
	Busines	s telephone	e: _212-883-4330_	Business	Email:red@atlasmerchant	capital.com
5.	Education	on and trai	ning:			
Colleg	ge/Universi	ty	City/Sta	<u>te</u>	Dates Attended (MM/YY)	Degree Obtained
Colby	College		Water	ville, Maine	09/1970-05/1974	BA- Economics
Gradu	ate Studies	<u> </u>	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Unive	rsity of Co	nnecticut	Sto	errs, Connecticut	09/1975-05/1977	MBA
Other	<u>Training: N</u>	<u>lame</u>	City/State	Dates Attended	I (MM/YY) Degre	e/Certification Obtained
Note:	appricati	ic, provide	a foreign school, ple the foreign studen	t identification Ni	dress and telephone number of umber and/or attach foreign of	the college/university. If liploma or certificate of

N

ipnical Affidavit Personal Supplemental Information.

71153

81213 93505

Applicant Company Name: Hartford Life Insurance Company Hartford Life and Annuity Insurance Company

FEIN:

06-0974148 39-1052598 06-1422508 06-1207332

American Maturity Life Insurance Company Applicant Company Name: Hartford International Life Reassurance Corporation

6.	List of membership	ps in profess	ional societies and asso	ociations:	
	Name of Society/Association	<u>n</u>	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
	Council on Fo Relations		ard Haas	58 East 68 th Street, NY, NY 10065	? 212-434-9400
		·			
7. which I	Present or proposed	d position wi	ith the Applicant Compial owners	pany: Investor / equity ownc	r through affiliated companies
8.	officerships). Please necessary to provi	e list the mo de telephon	s, parmersnips, owner st recent first. Attach a e numbers and super	of an entity, administrator, medditional pages if the space p	ensated or otherwise (up to and panager, operator, directorates or rovided is insufficient. It is only past ten (10) years. Additional onal employers.
Beginnii Dates (N	ng/Ending MM/YY): 08/13 -	Present	_ Employer's Name: A	Atlas Merchant Capital LLC	
					ce: New York
Country	: USA Postal Code	e: 10152	Phone: 212-883-4330_	Offices/Positions Held: Four	nding Partner & CEO
					ntact: N/A
Beginnin Dates (N	ng/Ending MM/YY): 08/12	- 08/13	_ Employer's Name: R	Reverent Capital	
					ce: New York
Country:	USA Postal Code	e: 10152	Phone:	Offices/Positions	Held: Founder
					VA
Beginnin Dates (M	g/Ending IM/YY):07/96	- 07/12	_ Employer's Name: B	arciays pic	
					e:
					sitions Held: CEO
					Department
Beginning	g/Ending				
				State/Province	

Postal Code: ____Phone: ____Offices/Positions Held: ____

NAIC No.:

93505

88072 71153 81213

Applicant Company Name: Hartford Life Insurance Company Hartford Life and Annuity Insurance Company Applicant Company Name : American Maturity Life Insurance Company Hartford International Life Reassurance Corporation

FEIN: 06-0974148 39-1052598 06-1422508 06-1207332

Туре	of Busine	ss:	Supervisor/Con	ntact:
9.	a.	Have you ever been in a position w	hich required a fid	delity bond?
		Yes No x	•	
÷			ıd, give details:	
	b.	Have you ever been denied an increvoked?	lividual or positio	on schedule fidelity bond, or had a bond canceled or
		Yes No x		
		If yes, give details:		
	n the p the lice number are reas represe pages if	ast. For any non-insurance regulatory nsing authority or regulatory body have some social Security Number (SSI sonably identifiable as your SSN, the inted by your SSN. (For example, "S the space provided is insufficient.	vissuer, identify an iving jurisdiction on N) or embeds your en write SSN for the SSN", "12-SSN-34	icensing authority that you presently hold or have held nd provide the name, address and telephone number of over the license (s) issued. If your professional license it SSN or any sequence of more than five numbers that that portion of the professional license number that is 45" or "1234-SSN" (last 6 digits)). Attach additional
				s;
				Postal Code:
				Date Issued (MM/YY):
Date Ex	xpired (M	M/YY): Reason i	for Termination:	
				,
				:Postal Code:
				Date Issued (MM/YY):
11.	In respon		nas been sealed or a	expunged, and the affiant has personally verified that
	a.	Been refused an occupational, profe any public administrative, or govern	ssional, or vocatio mental licensing ag	onal license or permit by any regulatory authority, or gency?
		Yes No x		

NAIC No.:

FEIN:

93505

88072 71153 <u>81213</u>

Applicant Company Name: Hartford Life Insurance Company Hartford Life and Annuity Insurance Company Applicant Company Name: American Maturity Life Insurance Company Hartford International Life Reassurance Corporation

06-0974148 39-1052598 06-1422508 06-1207332

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?
	Yes No x
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?
	Yes No x
đ.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No x
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No x
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?
	Yes No x
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?
	Yes No x
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes x No
Sec	e attached disclosure supplement.
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?
	Yes No x
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes x No
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	See attached disclosure supplement for additional information. In response to question 11J, see attached UCC Financing Statement.

NAIC No.: 88072 71153 81213 93505 06-0974148 39-1052598

06-1422508 06-1207332

Applicant Company Name

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.					
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.					
	Yes No x If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.					
	If any of the shares of stock are pledged or hypothecated in any way, give details.					
14.	Have you ever been adjudged a bankrupt?					
	Yes No x					
	If yes, provide details:					
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?					
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?					
	Yes No x					
	See attached disclosure supplement.					

similar proceeding)?

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 Applicant Company Name: Hartford Life Insurance Con

81213

NAIC No.:

88072

71153

	rtford Life insurance Company rtford Life and Annuity Insurance Company		93505
	nerican Maturity Life Insurance Company	FEIN:	06-0974148
Applicant Company Name:	rtford International Life Reassurance Corporation	FEIN.	39-1052598
promise in the contract of the			06-1422508
			06-1207332
	-		
Yes	No x		
See attached disclosure	supplement.		
c. Been placed or	a probation or had a fine levied and		
o. Deen placed of	n probation or had a fine levied against	st it or against its pe	ermit, license, or certificate of
authority in any	civil, criminal, administrative, regulator	ry, or disciplinary act	ion?
Yes x	No		
	Territoria sol		
See attached disclosure	supplement		
	supplement.		
If the anguar to any of t	ha abass to see the set of		
if the answer to any of t	he above is yes, please indicate and give	e details. When respo	onding to questions (b) and (c).
affiant should also include	le any events within twelve (12) months	after his or her depar	ture from the entity
			The state of the s
See attached disclosure	supplement.		
10 00			
Note: If an affiant has	any doubt about the accuracy of an answ	ver, the question show	ald be answered in the positive
and an explanat	on provided.		
- Cox			
Dated and signed this day	of April 2018 at	400	I bereby certify
under penalty of perjury that I am	of April 2018 at acting on my own behalf and that the form	oregoing statements	are true and correct to the host
of my knowledge and belief.	3	orogonis statements i	are true and correct to the best
g			
I haraby adknowledge that I was	b		
i nereby acknowledge that i ii	nay be contacted to provide additional in	formation regarding i	nternational searches.
11. hu	11041(1)		
(Signature of Affi	ant		
(Bigilatale of Mill	mi)		
State of: NEW YORK	County of: NEW YORK		
State of. 1 to p do p	County or: Now of vice	44	
The foresting instrument	nowledged before me this 3 kd day of A	Marie IX	Donana minera Neveran
The foregoing instrument was ack	nowledged before me this 2 day of 1	, 20 10	by ICODERA EDWARD, DIRINGH
and:			The second secon
and.			
who is personally known to m			
who is personally known to m	e, or		
	2/14		
who produced the following ic	lentification:Nt		
		*	
			() (/ 1
		(, \)	
[SEAL]	JAMIE RANDALL	UIV	Notary Public
•	NOTARY PUBLIC-STATE OF NEW YORK	V+	Dine Dinapina
1 m	No. 01RA6300298	***************************************	him intimum
	Qualified in New York County	Prn	ited Notary Name

My Commission Expires 3/3(

My Commission Expires

Applicant Company Name:

88072 81213 93505

NAIC No. FEIN:

06-1422508 06-1207332

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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). Hartford Life Insurance Company; Hartford Life and Annuity Insurance Company; American Maturity Life Insurance Company; Hartford International Life Reassurance Corporation Address: 1 Hartford Plaza Hartford, CT 06155 Phone: (860) 547-5000 Affiant's Full Name (Initials Not Acceptable): First: Robert Middle: Edward Last: Diamond, Jr. 1. IF ANSWER IS "NONE," SO STATE. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases? 2. Yes No x If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. Beginning/Ending Name(s) Reason (If none, indicate such) Date(s) Used (MM/YY) Specify: First, Middle or Last Name Dates provided in response to this question may be approximate. Parties using this form understand that there could Note: be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information. 3. Affiant's Social Security Number: Government Identification Number if not a U.S. Citizen: N/A 4. 5. Foreign Student ID# (if applicable): N/A _____

Hartford Life Insurance Company Hartford Life and Annuity Insurance Company American Maturity Life Insurance Company Applicant Company Name: NAIC No. 39-1052598 06-1422508 FEIN: 6. Date of Birth: (MM/DD/YY): Place of Birth, City: Holyoke State/Province: Massachusetts Country: USA 7. Name of Affiant's Spouse (if applicable): List your residences for the last ten (10) years starting with your current address, giving: 8. Beginning/Ending State/ Dates (MM/YY) Address City **Province** Country Postal Code Dates provided in response to this question may be approximate, except for current address. Parties using this form Note: understand that there could be an overlap of dates when transitioning from one address to another. Dated and signed this 12th day of January____ ____, 2018__ 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. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. County of: New YORK The foregoing instrument was acknowledged before me this large day of 20 10 by ROBERT E. DIAJUGO JE and: who is personally known to me, or who produced the following identification: [SEAL] JAMIE RANDALL NOTARY PUBLIC-STATE OF NEW YORK No. 01RA6300298 Qualified in New York County

My Commission Expires

Hartford Life and Annuity Insurance Com-
American Maturity Life Insurance Compar
Hartford International Life Reassurance Co

8807
7115
8121
9350

Applicant	Company	Name	-
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NAIC No.	
FFIN:	_

06-0974148 06-1207332

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) [company name]("Company") for licensure or a permit to organic
Application) with a department of insurance in one or more states within the United States Company designs to
consumer of investigative consumer report (or both) ("Background Reports") regarding your background for
department of insurance in any state where Company pursues an Application during the term of your functioning as, seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report required by a department of insurance reviewing any Application. Background Reports requested pursuant to you authorization below may contain information bearing on your character, general reputation, personal characteristics, mode 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 [company's designated person, position, or department, address and Legal Department Hartford Life Insurance Company 1 Hartford Plaza Hartford, CT 06155; (860) 547-5000

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 san	ne force and effect as the signed original
Robert E. Diamond, Jr.	1/12/18
(Signature)	(Date)
State of: NEW YORK County of: NEW YORK	
The foregoing instrument was acknowledged before me this Deposition of the second of t	day of
·	
who produced the following identification:	\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc
[SEAL] JAMIE RANDALL NOTARY PUBLIC-STATE OF NEW YORK No. 01RA6300298 Qualified in New York County My Commission Expires	Notary Public Printed Notary Name My Commission Expires

Robert E. Diamond, Jr. Supplemental Disclosure

It is noted that Mr. Diamond was CEO of Barclays Capital from 1997 to 2010, and CEO of Barclays PLC from 2011 to 2012. Barclays, as a major international bank, is from time to time involved in material litigation and/or government investigations.

In particular, Mr. Diamond is one of several current and former Barclays' employees interviewed under caution by the UK Serious Fraud Office in connection with its investigation of, among other things, financings undertaken by Barclays in 2008. Mr. Diamond was interviewed in June 2014, and he has denied any wrongdoing. As a senior executive of Barclays from 1997---2012, Mr. Diamond may in the future become subject to additional investigations relating to the 2008 financing or other matters. In June 2017, the SFO announced charges against Barclays and certain individuals; Mr. Diamond was not charged.

In the US, certain Barclays entities have been sued civilly in connection with the alleged manipulation of LIBOR and Barclays' operation of off exchange trading pools. Mr. Diamond has been named personally as a defendant in three lawsuits: In re Barclays Bank PLC Securities Litigation, 09 cv. 1989, Gusinsky v. Barclays PLC, et al., 12 cv. 5329, and Strougo v. Barclays PLC et al., 14 cv. 5797. Some of the claimants' allegations in these cases have been dismissed, and some remain, and each case is proceeding through various pretrial stages. On March 14, 2015, a US court approved a settlement in the Gusinsky matter, in which Mr. Diamond has not admitted to any wrongdoing and will not pay any of the settlement amount.

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CC FINANCINO			0062.8			
NAME & PHONE OF	ONTACT AT FILE	R (optional)				
Corporation Service SEND ACKNOWLEDG						
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•	RAWDOWN		1			
C3C 30 Di	ON IDONIN					
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		enad tacklass M	-t. (0.0 C.) I			
L_		Filed In: New Yo	· · · · · · · · · · · · · · · · · · ·	/E SPACE IS FO	R FILING OFFICE	USECNLY
DEBTOR'S EXACTE	JLL LEGAL NAME	insert only one debtor name (1a or 1b)	-do not abbreviate or combine names			
1a. ORGANIZATION'S N	AME					
16. INDIVIDUAL'SLAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
Diamond			Robert	Edwa		Jr.
MAILING ADDRESS 1	Central Par	k W.	New York	STATE	POSTAL CODE 10023	COUNTRY
SEEINSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f, JURISDICTION OF ORGANIZATION		ANIZATIONAL ID#, #	
	ORGANIZATION DEBTOR	Individual	NY	i		X
ADDITIONAL DEBTO		LEGAL NAME - insert only one	lebtor name (2a or 2b) - do not abbreviate or co	ombine names		
28. ORGANIZATION'S I	IAME					
26. (NDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
			CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS			GIT .	Johne	. 55.72.5552	Joseph
SEE INSTRUCTIONS	ADD'L INFO RE	26. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if	any
	ORGANIZATION DEBTOR	L	<u> </u>			N
	NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR SA	P) - insert only <u>one</u> secured party name (3a or 3b)			
SECURED PARTY	metropo	ilitan Capital Bank & 1	iust			
SECURED PARTY'S			FIRST NAME	MIDDLE	NAME	SUFFIX
SECURED PARTY'S 3a. ORGANIZATION'S I	NAME		1	l		1
3a. ORGANIZATION'S		Chroat	СПУ	STATE	POSTAL CODE	COUNTRY

5. ALTERNATIVE DESIGNATION [If applicable]: LESSEELESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER	AG. LIEN	NON-UCC FILING
5. ALTERNATIVE DESIGNATION (if applicable): [LESSEE/LESSOR CONSIGNEE/CONSI	All Debtors	Debtor 1 Debtor 2
B, OPTIONAL FILER REFERENCE DATA		
		99073368

EXHIBIT "A" TO UCC-1 FINANCING STATEMENT

METROPOLITAN CAPITAL BANK & TRUST, as Secured Party, ROBERT EDWARD DIAMOND, JR., Individually, as Debtor,

The Debtor hereby pledges to Secured Party and grants to Secured Party a first position priority security interest and lien in and to the following (collectively the "Pledged Collateral"):

- (a) 100% of the currently issued and outstanding membership interests of Acapture LLC, a Delaware limited liability company (the "Membership Interests");
- (b) any other authorized, issued or outstanding units or other ownership interests of Acapture LLC, together with any other securities, warrants, rights and options issued to or for the benefit of the Debtor received or receivable by or distributed or distributable to Debtor from Acapture LLC as a dividend or distribution on or in exchange or substitution for any or all of the Membership Interests (collectively, the "Additional Membership Interests");
- (c) all money and other property, at any time received or receivable by or distributed or distributable to Debtor from Acapture LLC as a dividend or distribution, except as a dividend for the purpose of paying taxes arising solely from Debtor's ownership of Acapture LLC, or otherwise in respect of any or all of the Membership Interests or Additional Membership Interests; and
- (d) All "Proceeds" (as defined in the Illinois Uniform Commercial Code) of any of the foregoing, including, but not limited to, (i) any and all proceeds of any insurance, indemnity, warranty or guaranty payable to the Debtor from time to time with respect to any of the foregoing; (ii) any and all payments of any form whatsoever made or due and payable to the Debtor from time to time in connection with any requisition, confiscation, condemnation, seizure or forfeiture of all or any part of the foregoing by any governmental authority, or any person acting under color of a governmental authority; and (iii) any and all other amounts from time to time paid or payable under or in connection with any of the foregoing.

6158680.1

Applicant Company Name : __Hartford International Life Reassurance Corpor

Applicant Company Name:
Hartford Life Insurance Company
Hartford Life and Annuity Insurance Company
American Maturity Life Insurance Company
II-10-11-1-11-11-11-11-11-11-11-11-11-11-1

NAIC No.	NAIC No.:	88072 71153 81213 93505	
FEIN:	FEIN:	06-0974148 39-1052598 06-1422508	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

		Hartford American	n Maturity Life Insurance Comp Address: 1 H	ord Life and Annuity Insurance Company; any; Hartford International Life Reassurance Corpora artford Plaza Hartford, CT 06155 cone: (860) 547-5000	ation
herein	after set forth. (A	e above-named entity, Attach addendum or se "NONE," SO STATE.	parate sheet if space	epresentations and supply inform hereon is insufficient to answer	nation about myself as any question fully.) IF
1.	Affiant's Full	Name (Initials Not Acc	eptable): First: <u>Emil</u>	<u>/</u> Middle: <u>Rachel</u> Last: <u>Po</u>	llack
2.	a. Are y	ou a citizen of the Unite	ed States?		
	Yes [X No			
	b. Are y	ou a citizen of any othe	r country?		
	Yes [No X			
	If yes	s, what country?			
3.	Affiant's occu	pation or profession: <u>Ir</u>	nvestment profession	ıl	
4.	Affiant's busir	ness address: c/o Corne	ll Capital LLC, 499	Park Avenue, 21st Floor, New York	s, NY 10022
	Business telep	hone: (212) 818-8991	Busine	ss Email: <u>emily@cornellcapllc.co</u>	o <u>m</u>
5.	Education and	training:	-		
	ge/University rsity of Pennsylva	<u>City/S</u>		Dates Attended (MM/YY) 09/96-05/00	Degree Obtained BA
Gradu	ate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
		Harvard Law School	Cambridge, MA	09/00-05/03	JD
Other	Training: Name	<u>City/State</u>	Dates Attende	ed (MM/YY) Degree/	Certification Obtained

applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica		rance Company Annuity Insurance Company y Life Insurance Company	_ NAIC No FEIN:	NAIC No.:	88072 71153 81213 93505
5.	List of memberships in pro	fessional societies and assoc	ciations:	FEIN:	06-0974148 39-1052598 06-1422508 06-1207332
	Name of Society/Association	Contact Name	Address of Society/Association		phone Number iety/Association
7.	Present or proposed position	on with the Applicant Compa	uny: <u>Director</u>		
3.	including present jobs, pos officerships). Please list the necessary to provide tele	itions, partnerships, owner of the most recent first. Attach as phone numbers and superv	y (20) years, whether comper of an entity, administrator, ma dditional pages if the space provisory information for the pa fication process for internation	nager, opera ovided is ins ast ten (10)	ator, directorates or sufficient. It is only years. Additional
	ing/Ending (MM/YY): <u>01/17 – present</u>	Employer's Name: Corne	ll Capital LLC		******
Addres	s: 499 Park Avenue, 21st Floo	or City: <u>New York</u>	State/Provinc	e: <u>NY</u>	
Countr	y: <u>USA</u> Postal Code: <u>10022</u>	Phone: (212) 818-8980 Office	ces/Positions Held: Managing	Director	
Гуре о	f Business: Private Equity	/ Investment Firm	Superviso	r/Contact: <u>I</u>	Henry Cornell
	ing/Ending (MM/YY): <u>06/10-01/17</u> Em	ployer's Name: <u>Harron Ente</u>	ertainment Company, LLC		
Addres	s: 70 E. Lancaster Ave City:	<u>Frazer</u> _ State/Province: <u>Province</u>	<u>A</u>		
Countr Genera	y: <u>USA</u> Postal Code: <u>19355</u> <u>1 Counsel</u>	Phone: 610-644-7500	Offices/Positions	Held: <u>Vice</u>	President; Deputy
Гуре о	f Business: Management con	npany for telecommunication	ns company Supe	rvisor/Conta	ct: Ryan Pearson
	ing/Ending (MM/YY): <u>09/03-08/06; 06/0</u>	<u>08- 06/10</u> Employer's Name:	: Davis Polk & Wardwell LLF		
Addres	s: 450 Lexington Avenue	City: New York	State/Provinc	e: <u>NY</u>	
Countr	y: <u>USA</u> Postal Code: <u>10017</u> I	Phone: (212) 450-4000 Office	ces/Positions Held: Associate		
Гуре о	f Business: Law Firm		Supervisor/Contact: Louis G	oldberg	
	ing/Ending (MM/YY): <u>08/06-06/08</u>	Employer's Name:]	National Union Fire Insuranc	e Company	of Pittsburgh, PA

(subsidiary of American International Group, Inc.)

Address: 175 Water Street City: NY State/Province: NY

Country: USA Postal Code: 10038 Phone: (800) 265-5054 Offices/Positions Held: Assistant Vice President; Senior Associate

NAIC No.:	88072
	71153
	81213
	02505

NAIC No. _

FEIN:

06-0974148 39-1052598 06-1422508 06-1207332 FEIN:

		ss: Insurance Company company; HR department contact information	Supervisor/Contact: William Vreeland (no provided)
9.	a.	Have you ever been in a position which requestres No X If any claims were made on the bond, give defined the second seco	ired a fidelity bond?
	b.	revoked? Yes No X	or position schedule fidelity bond, or had a bond canceled or
10.	or gove in the p the lice numbe are rea represe	rernmental licensing agency or regulatory author past. For any non-insurance regulatory issuer, i ensing authority or regulatory body having jurier is your Social Security Number (SSN) or emasonably identifiable as your SSN, then write is	enses (including licenses to sell securities) issued by any public ority or licensing authority that you presently hold or have held dentify and provide the name, address and telephone number of sediction over the license (s) issued. If your professional license peds your SSN or any sequence of more than five numbers that SSN for that portion of the professional license number that is 2-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional
		ssuer of License: New York State Unified Conit, 25 Beaver Street, Room 840	urt System Address: Office of Court Administration, Attorney
City: 1	New Yorl	k State/Province: NY Country: USA	Postal Code: <u>10004</u>
Licens	е Туре: <u>А</u>	Attorney Registration License #: 4207577	Date Issued (MM/YY): <u>02/04</u>
Date E	xpired (N	MM/YY): Reason for Term	ination:
Non-Ir	surance l	Regulatory Phone Number (if known): (212)	28-2800
		ssuer of License: <u>Supreme Court of Pennsylvan</u> 00, P.O. Box 62625	ia Address: Attorney Registration Office, 601 Commonwealth
City: 1	Harrisbur	rg State/Province: PA Country: <u>USA</u> Postal C	ode: 17106
Licens	е Туре:	Attorney Registration License #: 308604	Date Issued (MM/YY): <u>10/10</u>
Date E	xpired (N	MM/YY): Reason for Term	ination:
Non-Ir	surance	Regulatory Phone Number (if known): 717-23	1-3300
(see at	tached su	upplement)	

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:

Applicant Company Name:

NAIC No. FEIN:

FEIN:

NAIC No.:

88072 71153 81213 93505 06-0974148 39-1052598 06-1422508 06-1207332

a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
	Yes No X
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?
	Yes No X
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?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
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?
	Yes No X
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?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
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?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Company Name:

NAIC No.: 88072 71153 81213 93505

NAIC No. FEIN:

FEIN: 06-

06-0974148	
39-1052598	
06-1422508	
06-1207332	

12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. term "control" (including the terms "controlling," "controlled by" and "under common control with") means possession, direct or indirect, of the power to direct or cause the direction of the management and policies person, whether through the ownership of voting securities, by contract other than a commercial contract for go or non-management services, or otherwise, unless the power is the result of an official position with or corpo office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controlds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of other person. N/A	of a oods orate rols,
	If any of the stock is pledged or hypothecated in any way, give details.	
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficior of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurar regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common conwith, the person specified.	ance that
	Yes No X	
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more the outstanding voting securities.	re of
	If any of the shares of stock are pledged or hypothecated in any way, give details.	
1.4	Have you grow been adjudged a hordemust?	
4.	Have you ever been adjudged a bankrupt?	
	Yes No X	
	If yes, provide details:	
5.	To your knowledge has any company or entity for which you were an officer or director, trustee, investr committee member, key management employee or controlling stockholder, had any of the following events o while you served in such capacity?	
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or government licensing agency?	ntal-
	Yes No X	
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjet to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidar receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any c similar proceeding)?	tion,

Applicant Comp	Applicant Company Name: Hartford Life Insurance Company Hartford Life and Annuity Insurance Company American Maturity Life Insurance Company Hartford International Life Reassurance Corporation	NAIC No FEIN:	NAIC No.:	88072 71153 81213 93505
	Yes No X	renv	FEIN:	06-0974148 39-1052598 06-1422508 06-1207332
c.	Been placed on probation or had a fine levied authority in any civil, criminal, administrative, reg	against it or against its p gulatory, or disciplinary ac	permit, licensetion?	se, or certificate of
	Yes No X			
If the a affiant	answer to any of the above is yes, please indicate an should also include any events within twelve (12) m	nd give details. When respond the department of	oonding to quarture from the	ne entity
Note:	If an affiant has any doubt about the accuracy of a and an explanation provided.	an answer, the question sh	ould be answ	vered in the positive
of my knowledg	d this form day of Ayr.1 20 18 fee and belief. 20 18 cnowledge that I may be contacted to provide additional day of Ayr.1 20 18 feet and belief.			,
	(Signature of Affiant)	onar miormation regarding	, internationa	n searches.
	County of: Very County of: Very County of:		by Eur	ly Pollacie.
who is perso	onally known to me, or			
who produc	ed the following identification:			
[SEAL]	1	#7	Notary Pu Notary Pu Content rinted Notary	risse (bus

RHONDA CHERISSE HART Notary Public, State of New York No. 01HA6168287 Qualified in New York County Commission Expires June 11, 20

My Commission Expires

Applicant Company Name:
Hartford Life Insurance Company
Hartford Life and Annuity Insurance Company
American Maturity Life Insurance Company
American Maturity Life Insurance Company
Example 1

Applicant Company Name:

Hartford International Life Reassurance Corporation

NAIC No.:	88072 71153
	81213 93505

NAIC No. FEIN:

FEIN:

06-0974148 39-1052598 06-1422508 06-1207332

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

	me, address, and telephor d (Do Not Use Group Nar	ne number of the present or proposed ones).	entity under which this	biographical statement is being
	Address: 1 Hartford	ife and Annuity Insurance Company; Hartford International Life Reassurance Corporation d Plaza Hartford, CT 06155 (860) 547-5000		
1.		itials Not Acceptable): First: <u>Emily</u> IONE," SO STATE.	Middle: <u>Rachel</u>	Last: Pollack
2.	Yes No X	other name, including first, middle or		
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If	none, indicate such)
Note:	be an overlap of dates	onse to this question may be approximation when transitioning from one name and/or attach foreign diploma or cellnformation.	to another. If applicat	ole, provide the foreign student
3.	Affiant's Social Security	y Number:		
4.	Government Identificati	ion Number if not a U.S. Citizen:		
5.	Foreign Student ID# (if applicable):			

Applicant C	ompany Nam	Applicant Company Name: Hartford Life Insurance Con Hartford Life and Annuity In American Maturity Life Insu Hartford International Life F	nsurance Company	_	NAIC No.	NAIC No.:	88072 71153 81213 93505
6. Dat	te of Birth: (N	MM/DD/YY)	Place of Birth,	City: <u>Red Bank</u>	FEIN:	FEIN:	06-0974148 39-1052598 06-1422508 06-1207332
Sta	te/Province:	NJ	Count	try: <u>USA</u>			
7. Nai	me of Affiant	t's Spouse (if application	able) :				
8. Lis	t your resider	nces for the last ten ((10) years starting v	with your curre	nt address, g	iving:	
Beginning/E Dates (MM/		Address	City	State/ Province		Country	Postal Code
Dates (WW)		Autor	V.IIV	FILIVIII.E			PARIAL TAME
Note: Dat	tes provided i	in response to this qu	uestion may be app	roximate, excer	ot for current	t address. Parti	es using this form
		there could be an ov					
Dated and si certify under the best of m	igned this <u>f</u> or penalty of penal	day of Arrow day of am act and belief.	ting on my own be	at at	w Yurle, ne foregoing	statements are	. I hereby
		e that I may be cont	acted to provide ad	ditional inform	ation regard	ing internation	al searches.
Girm	y R. Por	nature of Affiant)					
				۱.,			
		County	20			20.10 hr	
and:	ng msu umem	was acknowledged	before me uns w	ay or ver	ar I	, 20 <u></u> by	Emily to lack
	nersonally kn	own to me, or					
•							1
wno pro	oduced the fo	llowing identification	on:				
[SE	EAL]			**	Zho Rhand Qui	Notary Pu Printed Notar	ry Name
					<i>\)</i> 1	My Commissic	on Expires

RHONDA CHERISSE HART Notary Public, State of New York No. 01HA6168287 Qualified in New York County Commission Expires June 11, 2019 Applicant Company Name: Hartford Life Insurance Company Hartford Life and Annuity Insurance Company American Maturity Life Insurance Company Hartford International Life Reassurance Corporation Biographical Affidavit Supplement **Emily Rachel Pollack** Biographical Affidavit 10. Organization/Issuer of License: New Jersey Courts Address: Administrative Office of the Courts, Richard J. Hughes Justice Complex, P.O. Box 037 City: Trenton State/Province: NJ Country: USA Postal Code: 08625 License Type: Attorney Registration License #: 013322003 _____ Date Issued (MM/YY): 11/03 Date Expired (MM/YY): _____ Reason for Termination: ____ Non-Insurance Regulatory Phone Number (if known): 855-533-3863

FEIN:

06-0974148

Supplemental Personal Information

NAIC No.:

8. Addresses (cont.)

Beginning/Ending State/ Dates (MM/YY) City Province Postal Code Address Country

NAIC No.:

NAIC No. FEIN: FEIN:

06-0974148 39-1052598 06-1422508 06-1207332

Applicant Company Name:

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 [company name]("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 Hartford Life Insurance Company bmpany's designated person, position, or department, address and 1 Hartford Plaza Hartford, CT 06155; (860) 547-5000

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.

Emily Rachel Pollack,	ence Ad	(droce)
Civily R Pollen (Signature)	ence Au	4/10/18
(Signature)		(Date)
State of: New York County of: New Y	0-1	
The foregoing instrument was acknowledged before	e me this www	day of 4, 20 by
Emily Pollack, and:		
who is personally known to me, or		
who produced the following identification:		
		I house Can that
[SEAL]		Notary Public
		Khonda Cherisse Hast
		Printed Notary Name
		My Commissional Funires
		Notary Public, State of New York
	0	No. 01HA6168287 Revised 12/04/17
©2017 National Association of Insurance Commissioners	9	Qualified in New York County FORM 11 Commission Expires June 11, 20 4

Applicant Company Name:

NAIC No.:	88072
	<u>71153</u>
	81213
	93505

NAIC No.	
FEIN:	

FEIN:

06-0974148 39-1052598 06-1422508 06-1207332

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

			Address: 1 Ha	•	al Life Reassurance Corpora	ation
hereir	nafter set forth. (A	above-named entity, I houtand addendum or separate "NONE," SO STATE.	erewith make re	presentations an hereon is insuff	d supply informaticient to answer a	ation about myself as any question fully.) IF
1.	Affiant's Full 1	Name (Initials Not Acceptat	ole): First:_ <u>Henry</u>	Middle:_	<u>NONE</u> Last	: Cornell
2.	a. Are ye	ou a citizen of the United St	ates?			
	Yes [X No .				
	b. Are yo	ou a citizen of any other cou	ıntry?			
	Yes	No X				
	If yes,	what country?			_	
3.	Affiant's occup	oation or profession: Investr	nent			
4.	Affiant's busin	ess address: 499 Park Aver	nue, 21 st Floor, N	YC 10022		
	Business teleph	none: <u>212-818-8988</u>	Business	Email:	henry@cornellc	apllc.com
5.	Education and	training:				
Colle	ge/University	City/State		Dates Attend	ed (MM/YY)	Degree Obtained
<u>Grin</u> r	nell College	Grinnell,	IA	09/72 - 06	/76	<u>BA</u>
<u>Gradu</u>	ate Studies	College/University	City/State	Dates Attend	ed (MM/YY)	Degree Obtained
	-	New York Law School	NYC, NY	09/	78 - 06/81	JD
<u>Other</u>	Training: Name	City/State	Dates Attended	l (MM/YY)	Degree/C	Certification Obtained

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company Name:_	Hartford International Life Reassuran	nce Corporation	NAIC No.			
6.	List of memberships	in professional societie	es and associa	FEIN:	FEIN:	06-0974148 39-1052598 06-1422508 06-1207332	
	Name of Society/Association	Contact N	<u>ame</u>	Address of Society/Association		ephone Number ociety/Association	
7.	Present or proposed	position with the Appli	cant Company	y: <u>Director</u>			
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. Additional information may be required during the third-party verification process for international employers.						
	ing/Ending MM/YY): <u>06/13 – pr</u>	esent_Employer's Name	e: <u>Cornell Ca</u>	pital LLC			
Address	s: <u>499 Park Ave, 21st F</u>	F <u>l</u> City: <u>NYC</u> Sta	nte/Province: <u>N</u>	ew York			
Country	y:_ <u>USA</u> Postal C	ode: <u>10022</u> Phone:	212-818-89	80 Offices/Positions Held	: <u>Senior Par</u>	tner	
Type of	f Business: Priva	te Equity Investment	Contact: <u>J</u>	oanna Reiss			
	ing/Ending (MM/YY): <u>09/84 – 0</u> 0	6/13_Employer's Name	e: <u>Goldman S</u>	achs & Co.			
Addres	s: 200 West Street C	tity: <u>NYC</u> State/Provin	ice: New Yor	<u>k</u>			
Country	y: <u>USA</u> Postal Code	e: <u>10282</u> Phone:	212-902-1000	Offices/Positions Held:_	Managing I	Director	
Type o	f Business: <u>Finar</u>	nce Supervisor	r/Contact: Ric	<u>h Friedman</u>			
	ing/Ending (MM/YY)	Employer's Name:					
Addres	s:	City:	·	State/Provi	nce:	100000000000000000000000000000000000000	
				Offices/Position			
Type o	f Business:		_ Superviso	or/Contact:			
Beginn Dates	ing/Ending (MM/YY):	Employe	er's Name:			- Marie	
Addres	s:	City:		State/Provi	nce:		
Countr	y: F	ostal Code:	Phone:	Offices/Position	ns Held:		
Туре о	f Business:		_ Superviso	or/Contact:			

NAIC No.: 88072 71153 81213 93505

Applic	ani Comp	party Name:	NAIC NO.			
			FEIN:	FEIN:	06-0974148 39-1052598 06-1422508	*********
9.	a.	Have you ever been in a position which required a fidelity b	ond?		06-1207332	
		Yes No X				
		If any claims were made on the bond, give details:				
	b.	Have you ever been denied an individual or position scherevoked?	edule fidelity	bond, or h	ad a bond can	celed or
		Yes No X				
		If yes, give details:				
10.	or gove in the p the lice number are rear represe	by professional, occupational and vocational licenses (including ernmental licensing agency or regulatory authority or licensing past. For any non-insurance regulatory issuer, identify and progensing authority or regulatory body having jurisdiction over the ris your Social Security Number (SSN) or embeds your SSN asonably identifiable as your SSN, then write SSN for that prepented by your SSN. (For example, "SSN", "12-SSN-345" or if the space provided is insufficient.	g authority that vide the name, ne license (s) is or any sequent ortion of the properties of the prope	at you preso address an assued. If yo ce of more rofessional (last 6 dig	ently hold or had telephone nu- bur professiona than five numblicense number its)). Attach ac	ave held imber of I license bers that or that is
Organi	ization/Iss	suer of License:New York State Unified Court System Addre	ss: P.O. Box 2	9327		
City:]	New Yorl	k State/Province: <u>NY</u> Country: <u>USA</u>	Postal Code	:05/82		
Licens	е Туре: <u>А</u>	Attorney Registration License #: 1802859 D	ate Issued (MM	м/YY): <u>05/8</u>	<u>32</u>	
Date E	Expired (N	MM/YY):01/17 Reason for Termination: no	onger practici	ng law		
Non-Ir	nsurance l	Regulatory Phone Number (if known):212-428-2800				
Organi	ization/Iss	suer of License: Address:				
City: _		State/Province: Country:		Postal C	ode:	
Licens	е Туре: _	License #: Date	Issued (MM/Y	/Y):		
Date E	Expired (N	MM/YY): Reason for Termination:				
Non-I	nsurance l	Regulatory Phone Number (if known):				······································
11.	In resp	conding to the following, if the record has been sealed or expu	nged, and the a	affiant has ave you eve	personally veri er:	fied that
	a.	Been refused an occupational, professional, or vocational any public administrative, or governmental licensing agence		nit by any	regulatory auth	ority, or
		Yes No X				
	b.	Had any occupational, professional, or vocational license of any judicial, administrative, regulatory, or disciplinary action		nold or hav	e held, been si	ubject to

	Applicant Company Name:
	Hartford Life Insurance Company
	Hartford Life and Annuity Insurance Company
	American Maturity Life Insurance Company
Applicant Company Name	Hartford International Life Reassurance Corporation

NAIC No.

NAIC No.:

	FEIN: FEIN: 06-0974148 39-1052598 06-1422508 06-1207332
	Yes No X
Э.	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?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
е.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffioffenses?
	Yes No X
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 cive traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicia administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another countregulating the business of insurance, securities or banking, or from carrying out any particular practice of practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated an provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violate any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, et Attach a copy of the complaint and filed adjudication or settlement as appropriate.

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

NAIC No.:

FEIN:

NAIC	No.
FEIN:	

06-0974148 39-1052598 06-1422508 06-1207332

If any	of the stock is pledged or hypothecated in any way, give detailsnone
or of regul direct	Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance atory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control the person specified.
Yes	No X
	, please identify the company or companies in which the cumulative stock holdings represent 10% or more of atstanding voting securities.
If any	of the shares of stock are pledged or hypothecated in any way, give details.
 Have	you ever been adjudged a bankrupt?
Yes	No X
If yes	, provide details:
comr	our knowledge has any company or entity for which you were an officer or director, trustee, investment nittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?
a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes No X
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 No X
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?

Applicant Company Name: Hartford Life Insurance Company Hartford Life and Annuity Insurance Company American Maturity Life Insurance Company
Hartford International Life Reassurance Corporation Applicant Company Name: NAIC No. FEIN: FEIN: If the answer to any of the above is 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. If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive Note: and an explanation provided. Dated and signed this 10 day of 20 18 at New York 1. 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. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) The foregoing instrument was acknowledged before me this total day of April , 20 18 by the county and: who is personally known to me, or who produced the following identification:

> **RHONDA CHERISSE HART** Notary Public, State of New York No. 01HA6168287 Qualified in New York County Commission Expires June 11, 20 \ \ \ \ \ \

Notary Public

Printed Notary Name My Commission Expires

NAIC No.:

[SEAL]

Applicant Company Name:

NAIC No.:

NAIC No. FEIN: FEIN:

06-0974148 39-1052598 06-1422508 06-1207332

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

		3					
Full na require	ume, address, and telephoed (Do Not Use Group Na	ne number of the present or primes).	roposed e	entity under	which this b	iographic	al statement is being
Hartford L American	Address: 1 Hartford P	and Annuity Insurance Company; tford International Life Reassurance Corporati laza Hartford, CT 06155 50) 547-5000	_ on 				
1.	Affiant's Full Name (In IF ANSWER IS "1	nitials Not Acceptable): First:_ NONE," SO STATE.	Henry	Middle:_	NONE	_ Last:	<u>Cornell</u>
2.	Have you ever used any	y other name, including first, n	niddle or	last name,	nickname, m	aiden nan	ne or aliases?
	Yes No	X					
	If yes, give the reason i	if any, if none indicate such, ar	nd provid	e the full n	ame(s) and da	ıte(s) used	i .
Beginning/Ending Date(s) Used (MM/YY)		Name(s) Specify: First, Middle or Last	Reason (If none, indicate such)				

			·····	***************************************			
							
Note:	be an overlap of dates	onse to this question may be a s when transitioning from one and/or attach foreign diplon Information.	e name t	o another.	If applicable	, provide	the foreign student
3.	Affiant's Social Security Number:						
4.	Government Identification Number if not a U.S. Citizen:						
5.	Foreign Student ID# (if applicable):						

Applica	ınt Company Nam	Applicant Company Name: Hartford Life Insurance Company Hartford Life and Annuity Insurance Company American Maturity Life Insurance Company Hartford International Life Reassurance Corporation			NAIC No	7	88072 71153 81213 93505
					FEIN:	FEIN:	06-0974148 39-1052598 06-1422508 06-1207332
6.	Date of Birth: (M	MM/DD/YY) :	Place of	Birth, City:	Bronx		00-1207332
	State/Province:_	NY_Country:	<u>USA</u>				
7.	Name of Affiant's Spouse (if applicable)						
8.	8. List your residences for the last ten (10) years starting with your current address, giving:						
	ing/Ending <u>MM/YY)</u>	Address	<u>City</u>	State/ Province	ı	<u>Country</u>	Postal Code
Note:		n response to this ques here could be an overl					
Dated and signed this day of day of the best of my knowledge and belief. Dated and signed this day of day of the best of my knowledge and belief.							
I hereby acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant)							
State of	ENtew Vor	County of:	Ntw Yor	-/2			
The foregoing instrument was acknowledged before me this tothe day of April , 20 18 by Henry Cornel and:							
wh	o is personally know	own to me, or					
wh	o produced the fol	llowing identification:		:: 			
	[SEAL]				Thou	Notary P Printed Nota My Commission	ry Name

RHONDA CHERISSE HART
Notary Public, State of New York
No. 01HA6168287
Qualified in New York County
Commission Expires June 11, 20 14
Revised 12/04/17

Applicant Company Name: Hartford Life Insurance Company Applicant Company Name . Hartford International Life Reassurance Company . Hartford International Life Reassurance Corporation

NAIC No.:

93505

NAIC No. FEIN:

06-0974148 06-1422508 06-1207332

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 [company name]("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 Hartford Life Insurance Company ompany's designated person, position, or department, address and 1 Hartford Plaza Hartford, CT 06155; (860) 547-5000

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 ar	Authorization shall be valid and have t	the same force and effect as the signed original.
(Signature)	(Printed Full Name and Residen	ce Address) 4/10/16 (Date)
State of: New York	County of: Now York	
The foregoing instrument w	vas acknowledged before me this	day of A_{Mr} , 20 by
Henry Cornell	, and:	
who is personally known to	me, or	
who produced the following	dentification:	
[SEAL]	RHONDA CHERISSE HART Notary Public, State of New York No. 01HA6168287	Notary Public Printed Notary Name
	Qualified in New York County Commission Expires June 11, 20 \(\frac{4}{} \)	My Commission Expires