

NAIC No.: 88072
 71153
 81213
 93505
 FEIN: 06-0974148
 39-1052598
 06-1422508
 06-1207332

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

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)

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).

AMC MGP GP Ltd c/o Atlas Merchant Capital LLC, 375 Park Avenue, 21st Fl., New York, NY 10152 212-883-4330

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): First: Robert Middle: Edward Last: Diamond, Jr.

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? United Kingdom

3. Affiant's occupation or profession: Founding Partner & CEO of Atlas Merchant Capital LLC

4. Affiant's business address: 375 Park Avenue, 21st Floor, New York, NY 10152

Business telephone: 212-883-4330 Business Email: red@atlasmerchantcapital.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Colby College</u>	<u>Waterville, Maine</u>	<u>09/1970-05/1974</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>University of Connecticut</u>	<u>Storrs, Connecticut</u>	<u>09/1975-05/1977</u>	<u>MBA</u>	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A</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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name:
Hartford Life Insurance Company
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Applicant Company Name :

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>
Council on Foreign Relations	Richard Haas	58 East 68 th Street, NY, NY 10065	212-434-9400

7. Present or proposed position with the Applicant Company: Investor / equity owner through affiliated companies which I am one of the ultimate beneficial owners

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.

Beginning/Ending Dates (MM/YY): 08/13 - Present Employer's Name: Atlas Merchant Capital LLC
Address: 375 Park Avenue, 21st Floor City: New York State/Province: New York
Country: USA Postal Code: 10152 Phone: 212-883-4330 Offices/Positions Held: Founding Partner & CEO
Type of Business: Investment Manager Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 08/12 - 08/13 Employer's Name: Reverent Capital
Address: 375 Park Avenue, 18th Floor City: New York State/Province: New York
Country: USA Postal Code: 10152 Phone: Offices/Positions Held: Founder
Type of Business: Financial Services Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 07/96 - 07/12 Employer's Name: Barclays plc
Address: 1 Churchill Place City: London State/Province:
Country: United Kingdom Postal Code: E14 5HP Phone: 44 2071161000 Offices/Positions Held: CEO
Type of Business: Global Bank Supervisor/Contact: HR Department

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

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Applicant Company Name :

Type of Business: _____ Supervisor/Contact: _____

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

Yes 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?

Yes No

If yes, give details: _____

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.

N/A _____

Organization/Issuer of License: _____ Address: _____

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: _____ Address: _____

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?

Yes No

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Applicant Company Name :

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

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

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes 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?

Yes 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?

Yes No

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

See 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

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes 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. _____

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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

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

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

See attached disclosure supplement.

- 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)?

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Yes No

See attached disclosure supplement.

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?

Yes No

See attached disclosure supplement.

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. _____

See attached disclosure supplement. _____

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 3rd day of April _____, 2018 at 4 PM. 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]

(Signature of Affiant)

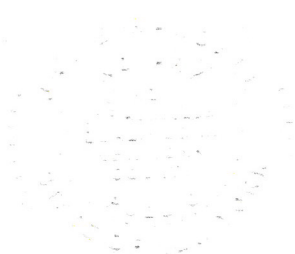
State of: NEW YORK County of: NEW YORK

The foregoing instrument was acknowledged before me this 3rd day of APRIL, 2018 by ROBERT EDWARD DIAMOND JR. and:

who is personally known to me, or

who produced the following identification: N/A

[SEAL]



JAMIE RANDALL
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RA6300298
Qualified in New York County
My Commission Expires 3/31/22

[Signature]

Notary Public
JAMIE RANDALL
Printed Notary Name
3/31/22
My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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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

1. Affiant's Full Name (Initials Not Acceptable): First: Robert Middle: Edward Last: Diamond, Jr.
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes 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) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Supplemental Information.

3. Affiant's Social Security Number: ██████████

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable) : N/A

Applicant Company Name : _____

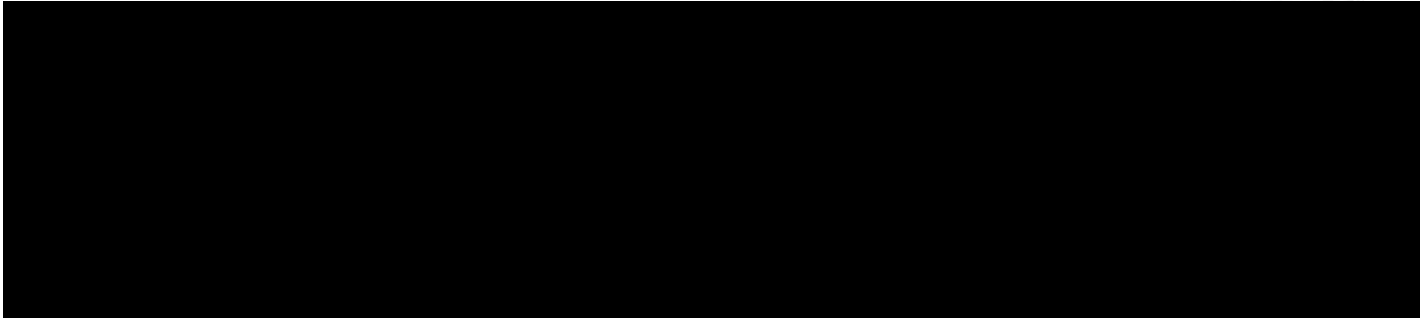
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06-1207332

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

7. Name of Affiant's Spouse (if applicable) : [REDACTED]

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 12th day of January _____, 2018 at 8 AM.
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]
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12 day of JAN, 2018 by ROBERT E. DIAMOND JR and:

who is personally known to me, or

who produced the following identification: NA

[SEAL]

JAMIE RANDALL
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RA6300298
Qualified in New York County
My Commission Expires 3/31/18

[Signature]
Notary Public
JAMIE RANDALL
Printed Notary Name
3/31/18
My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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

Hartford Life Insurance Company
Hartford Life and Annuity Insurance Company
American Maturity Life Insurance Company
Hartford International Life Reassurance Corporation

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 [company'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

Robert E. Diamond, Jr. _____

[Signature]
(Signature)

1/12/18
(Date)

State of: NEW YORK County of: NEW YORK

The foregoing instrument was acknowledged before me this 12 day of Jan., 20 18 by ROBERT E. DIAMOND JR. and:

who is personally known to me, or

who produced the following identification: N/A

[SEAL] **JAMIE RANDALL**
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RA6300298
Qualified in New York County
My Commission Expires 3/31/18

[Signature]
Notary Public
JAMIE RANDALL
Printed Notary Name
3/31/18
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.

The Firm believes that all of these have been disclosed or made public. For further details, please see the Annual Report and Accounts of Barclays Bank plc, filed with the London Stock Exchange, for the years 2005---2015, available at <http://group.barclays.com/about---barclays/investor---relations/annual---reports> and Forms 6---K and 20---F filed with the US Securities and Exchange Commission.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 Corporation Service Company 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

99073368 - 345430

CSC 50 DRAWDOWN

Filed In: New York (S.O.S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Diamond		Robert	Edward	Jr.
1c. MAILING ADDRESS 15 Central Park W.		CITY	STATE	POSTAL CODE
		New York	NY	10023
				COUNTRY
				USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		Individual	NY	<input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Metropolitan Capital Bank & Trust				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 9 East Ontario Street		CITY	STATE	POSTAL CODE
		Chicago	IL	60611
				COUNTRY
				USA

4. This FINANCING STATEMENT covers the following collateral:
 See Exhibit "A" attached hereto and made a part hereof for a description of the Collateral.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)	All Debtors	Debtor 1	Debtor 2		
8. OPTIONAL FILER REFERENCE DATA						

99073368

FILING NUMBER: 201504300212130

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.

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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(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).__

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

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): First: Emily Middle: Rachel Last: Pollack

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Investment professional

4. Affiant's business address: c/o Cornell Capital LLC, 499 Park Avenue, 21st Floor, New York, NY 10022

Business telephone: (212) 818-8991 Business Email: emily@cornellcapllc.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Pennsylvania	Philadelphia, PA	09/96-05/00	BA

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	Harvard Law School	Cambridge, MA	09/00-05/03	JD

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

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

Applicant Company Name _____

NAIC No. _____

FEIN: _____

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

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>
------------------------------------	---------------------	---------------------------------------	--

7. Present or proposed position with the Applicant Company: 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. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 01/17 – present Employer's Name: Cornell Capital LLC

Address: 499 Park Avenue, 21st Floor City: New York State/Province: NY

Country: USA Postal Code: 10022 Phone: (212) 818-8980 Offices/Positions Held: Managing Director

Type of Business: Private Equity Investment Firm Supervisor/Contact: Henry Cornell

Beginning/Ending

Dates (MM/YY): 06/10-01/17 Employer's Name: Harron Entertainment Company, LLC

Address: 70 E. Lancaster Ave City: Frazer State/Province: PA

Country: USA Postal Code: 19355 Phone: 610-644-7500 Offices/Positions Held: Vice President; Deputy General Counsel

Type of Business: Management company for telecommunications company Supervisor/Contact: Ryan Pearson

Beginning/Ending

Dates (MM/YY): 09/03-08/06; 06/08- 06/10 Employer's Name: Davis Polk & Wardwell LLP

Address: 450 Lexington Avenue City: New York State/Province: NY

Country: USA Postal Code: 10017 Phone: (212) 450-4000 Offices/Positions Held: Associate

Type of Business: Law Firm Supervisor/Contact: Louis Goldberg

Beginning/Ending

Dates (MM/YY): 08/06-06/08 Employer's Name: National Union Fire Insurance 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

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.: 88072
71153
81213
93505

Applicant Company Name : _____

NAIC No. _____

FEIN: _____ FEIN: _____

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

Type of Business: Insurance Company Supervisor/Contact: William Vreeland (no longer with the company; HR department contact information provided)

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

Yes 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?

Yes No

If yes, give details: _____

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: New York State Unified Court System Address: Office of Court Administration, Attorney Registration Unit, 25 Beaver Street, Room 840

City: New York State/Province: NY Country: USA Postal Code: 10004

License Type: Attorney Registration License #: 4207577 Date Issued (MM/YY): 02/04

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): (212) 428-2800

Organization/Issuer of License: Supreme Court of Pennsylvania Address: Attorney Registration Office, 601 Commonwealth Ave., Suite 5600, P.O. Box 62625

City: Harrisburg State/Province: PA Country: USA Postal Code: 17106

License Type: Attorney Registration License #: 308604 Date Issued (MM/YY): 10/10

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): 717-231-3300

(see attached supplement)

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:

Revised 12/04/17
FORM 11

Applicant Company Name : _____

NAIC No.

FEIN:

FEIN:

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
- 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
- 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
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes 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?
Yes 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?
Yes No
- 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
- 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
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes 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.

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.: 88072
71153
81213
93505

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

FEIN: 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. 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

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

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

- 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)?

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.: 88072
71153
81213
93505

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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

Yes 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?

Yes No

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. _____

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 10th day of April 20 18 at New York, NY. 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.

Emily R Pollack

(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10th day of April, 20 18 by Emily Pollack, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Rhonda Cherisse Hart
Notary Public
Rhonda Cherisse Hart
Printed Notary Name
6-11-2019
My Commission 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

NAIC No.: 88072
 71153
 81213
 93505

Applicant Company Name : _____

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.

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

1. Affiant's Full Name (Initials Not Acceptable): First: Emily Middle: Rachel Last: Pollack
 IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes 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</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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. 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: XXXXXXXXXX _____

4. Government Identification Number if not a U.S. Citizen: _____

5. Foreign Student ID# (if applicable): _____

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.: 88072
71153
81213
93505

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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

6. Date of Birth: (MM/DD/YY) _____ Place of Birth, City: Red Bank
State/Province: NJ Country: USA

7. Name of Affiant's Spouse (if applicable) : _____

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]					

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 10th day of April, 20 19 at New York, NY. 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.

Emily R. Poller

(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10th day of April, 20 18 by Emily Poller, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Rhonda Cherisse Hart

Notary Public

Rhonda Cherisse Hart

Printed Notary Name

June 11, 2019

My Commission Expires

RHONDA CHERISSE HART
Notary Public, State of New York
No. 01HA6168287
Qualified in New York County
Commission Expires June 11, 20 19

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.:

88072
71153
81213
93505

FEIN:

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

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

Supplemental Personal Information

8. Addresses (cont.)

Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
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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.: 88072
71153
81213
93505
NAIC No. FEIN: 06-0974148
39-1052598
06-1422508
06-1207332

Applicant Company Name : _____

NAIC No. FEIN: 06-0974148
39-1052598
06-1422508
06-1207332

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

Hartford Life Insurance Company
Hartford Life and Annuity Insurance Company
American Maturity Life Insurance Company
Hartford International Life Reassurance Corporation

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

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 same force and effect as the signed original.

Emily Rachel Pollack _____
(Residence Address)

Emily R Pollack
(Signature)

4/10/18
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10th day of April, 2018 by Emily Pollack, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Rhonda Cherisse Hart
Notary Public
Rhonda Cherisse Hart
Printed Notary Name
June 11, 2019
My Commission 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 : _____

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)

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

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): First: Henry Middle: NONE Last: Cornell

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Investment

4. Affiant's business address: 499 Park Avenue, 21st Floor, NYC 10022

Business telephone: 212-818-8988 Business Email: henry@cornellcapllc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Grinnell College</u>	<u>Grinnell, IA</u>	<u>09/72 - 06/76</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>New York Law School</u>	<u>NYC, NY</u>	<u>09/78 - 06/81</u>	<u>JD</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

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.: 88072
71153
81213
93505

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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

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>
------------------------------------	---------------------	---------------------------------------	--

7. Present or proposed position with the Applicant Company: 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. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 06/13 – present Employer's Name: Cornell Capital LLC

Address: 499 Park Ave, 21st Fl City: NYC State/Province: New York

Country: USA Postal Code: 10022 Phone: 212-818-8980 Offices/Positions Held: Senior Partner

Type of Business: Private Equity Investment Contact: Joanna Reiss

Beginning/Ending

Dates (MM/YY): 09/84 – 06/13 Employer's Name: Goldman Sachs & Co.

Address: 200 West Street City: NYC State/Province: New York

Country: USA Postal Code: 10282 Phone: 212-902-1000 Offices/Positions Held: Managing Director

Type of Business: Finance Supervisor/Contact: Rich Friedman

Beginning/Ending

Dates (MM/YY) _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

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.: 88072
71153
81213
93505

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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

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

Yes 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?

Yes No

If yes, give details: _____

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: New York State Unified Court System Address: P.O. Box 29327

City: New York State/Province: NY Country: USA Postal Code: 05/82

License Type: Attorney Registration License #: 1802859 Date Issued (MM/YY): 05/82

Date Expired (MM/YY): 01/17 Reason for Termination: no longer practicing law

Non-Insurance Regulatory Phone Number (if known): 212-428-2800

Organization/Issuer of License: _____ Address: _____

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?

Yes 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?

Applicant Company Name _____

NAIC No. _____

FEIN: _____

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

Yes 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?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes 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?

Yes 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?

Yes No

- 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

- 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

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes 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.

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

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.: 88072
71153
81213
93505

Applicant Company Name :

NAIC No.
FEIN:

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

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.

Yes No

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

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

- 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

- 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?

Yes No

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Hartford Life Insurance Company
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Hartford International Life Reassurance Corporation

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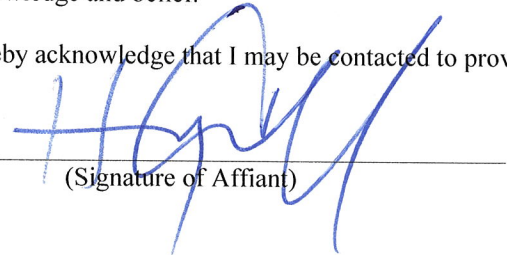
06-0974148
39-1052598
06-1422508
06-1207332

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. _____

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 10 day of April 20 18 at New York, NY. 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)


State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10th day of April, 20 18 by Henry Cornell, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Notary Public
Rhonda Cherisse Hart
Printed Notary Name
June 11, 2019
My Commission 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

NAIC No.: 88072
 71153
 81213
 93505

Applicant Company Name : _____

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.

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 _____

1. Affiant's Full Name (Initials Not Acceptable): First: Henry Middle: NONE Last: Cornell
 IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes 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</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Supplemental Information.

3. Affiant's Social Security Number: _____
 4. Government Identification Number if not a U.S. Citizen: _____
 5. Foreign Student ID# (if applicable) : _____

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.: 88072
71153
81213
93505

Applicant Company Name _____

NAIC No. _____

FEIN: _____

FEIN: 06-0974148
39-1052598
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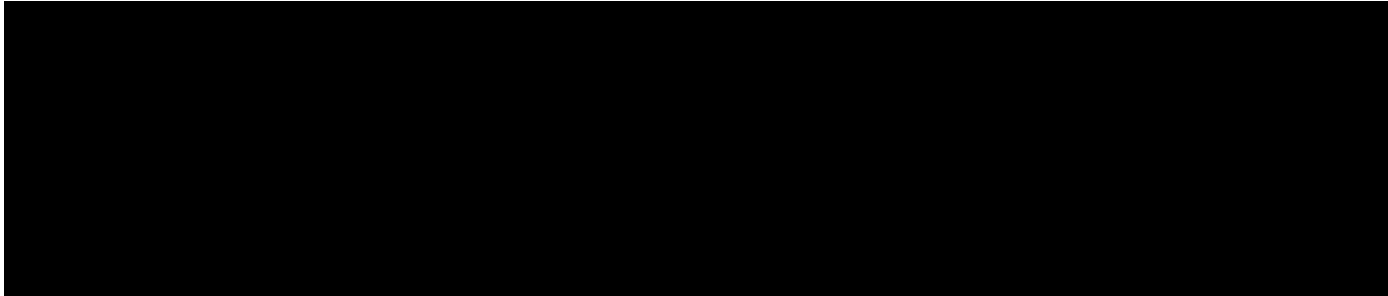
6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: Bronx

State/Province: NY Country: USA

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

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 10 day of April, 2018 at New York, NY. 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]
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10th day of April, 2018 by Henry Corral and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]
Notary Public
Rhonda Cherisse Hart
Printed Notary Name
June 11, 2019
My Commission 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

NAIC No.: 88072, 71153, 81213, 93505; FEIN: 06-0974148, 39-1052598, 06-1422508, 06-1207332

Applicant Company Name

NAIC No. FEIN:

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

Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company, American Maturity Life Insurance Company, Hartford International Life Reassurance Corporation

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.

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.

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 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.

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

Signature of Henry Cornell, dated 4/10/18

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10th day of April, 2018 by Henry Cornell, and:

who is personally known to me, or

who produced the following identification:

[SEAL]

RHONDA CHERISSE HART Notary Public, State of New York No. 01HA6168287 Qualified in New York County Commission Expires June 11, 2019

Signature of Rhonda Cherisse Hart, Notary Public, Printed Notary Name, My Commission Expires June 11, 2019