

# EXHIBIT 3

Case No. 11 Civ 5843 (JPO)

DECLARATION OF JAY WARD BROWN IN SUPPORT OF  
DEFENDANTS' OPPOSITION TO PLAINTIFF'S MOTION TO DISMISS  
DEFENDANTS' COUNTERCLAIM

(Letter from Dep't of Ins. to W. Gilman (Oct. 19, 2006) [NYDOI/Gilman-00001-03])



STATE OF NEW YORK  
INSURANCE DEPARTMENT  
One Commerce Plaza  
Albany, New York 12257

George E. Pataki  
Governor

Howard Mills  
Superintendent

WILLIAM W. GILMAN  
[REDACTED]  
[REDACTED]

October 19, 2006

RE: Dept. File #: CSB-489222  
Complainant: NYSID

Dear Sir/Madam:

This is in reference to your application/biographical questionnaire which has been referred to this office for review. You have provided affirmative answers to at least two background questions. Please provide the documentation and answers to the questions listed below for each one that applies to you.

- **Arrest and/or conviction:** (If you do not have a copy of your arrest/conviction papers, please contact your lawyer or the court for a copy.)
- A statement in your own words explaining what happened.
- Certified copy of the court documents showing the original charge(s).
- If the action is pending, the current status of the action. Provide the documentation requested below once an outcome is determined.
- Certified copy of the court's disposition showing what you were actually convicted of or the outcome of the case if it did not result in a conviction.
- Copy of Certificate of Relief from Disabilities if one was issued (this is usually only issued in connection with felony convictions).
- Status of Probation or Parole along with certified copies of court documents to support the same, if applicable.
- Work resume since your conviction, including duties, time frames; supervisor's name and business phone number.
- Copy of 18 U.S.C. Section 1033 and 1034 Waiver or application for waiver, if applicable. (The Omnibus Crime Bill of 1994 disqualifies anyone convicted of a criminal felony involving dishonesty or a breach of trust, or anyone who has been convicted of an offense under said section from employment in the insurance industry. A waiver removes this ban.) An application for a waiver is available on our website.

<http://www.ins.state.ny.us>

NYDOI/Gilman--00001

- **Indebtedness, bankruptcy, insolvency, or compromised liabilities:** (For a bankruptcy, you must provide a copy of the bankruptcy papers listed below. If you do not have a copy of your bankruptcy papers, please contact your lawyer or the court in which you filed for a copy.
- Your occupation at the time of bankruptcy or indebtedness.
- A listing of creditors involved with the indebtedness or bankruptcy. **For a bankruptcy** supply this information by providing a copy of bankruptcy schedules D, E, F, and I or the Chapter 13 listing of creditors. For bankruptcies filed before the existence of schedules D, E, F, and I, provide a copy of schedules A-1 through A-3.
- If taxes owed to one or more taxing authority are listed, a detailed statement advising as to the type of taxes owed and whether or not they have been paid. If they have been paid or if a repayment plan is in place, provide documentation.
- If money is owed to one or more insurer (insurance company, agent, broker, etc.) or insurance customer, a detailed statement advising as to the type of money owed and whether or not they have been paid. If paid, or if a repayment plan is in place, documentation.
- For a bankruptcy also include:
  1. A copy of the Order or Discharge. If a discharge was not ordered, please explain why the bankruptcy was not discharged
  2. A copy of the Bankruptcy Petition Cover Sheet which is usually the first page of the document labeled "Voluntary Petition."
  3. A copy of the Summary of Schedules.
  4. An indication as to whether any charges of fraud or concealment of assets were made by anyone in connection with said proceedings.
- **Charged with irregularities in money or other transaction, or termination of an agency contract for alleged misconduct:**

A statement of facts detailing the events involved.  
Copies of all related documents, judicial or otherwise.
- **Fine, denial, refusal, suspension, or revocation of license or other regulatory action:**

A notarized statement of facts detailing the events which led to the applicable action.  
A copy of any consent orders, findings of fact, stipulations and/or final determinations.  
If the action was for a company for which you were an officer, director, or member, were you held culpable for the instance leading to the action?
- **Litigation/and or Tax Lien:**

A complete explanation and a copy of the judgment if a judgment was held against you.  
If taxes are involved, a detailed statement advising as to the type of taxes owed and whether or not they have been paid. If they have been paid or if a repayment plan is in place, provide documentation.

Your response is required within fifteen (15) days from the date

of this letter. If you have any questions, please contact us. .  
You do not have to resubmit any documentation previously  
provided.

**INCLUDE A COPY OF THIS LETTER AND YOUR DAYTIME PHONE AND FAX  
NUMBERS IN YOUR REPLY.**

Very truly yours,

Preparation Unit  
Consumer Services Bureau  
518-474-6600  
212-480-6282 (Fax)