

PA License Number: \_\_\_\_\_ SSN \_\_\_\_\_

**COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT  
VIATICAL SETTLEMENT BROKER INDIVIDUAL LICENSE RENEWAL FORM**

Process your renewal online in minutes on or before your license expiration date. Access these online services at [www.insurance.pa.gov](http://www.insurance.pa.gov) by clicking the Services for Producers & Other Licensees link on the left hand side of the home page and then click the Maintain Your License link. Print your license the next business day to your computer (click the Services for Producers & Other Licensees Link on the left hand side of the home page and then click the Print Your License link). The renewal fee is \$100, check or money order, payable to the Commonwealth of PA. **DO NOT MAIL THIS FORM IF YOU RENEW ONLINE.**

If it is beyond the expiration date of your license, you can no longer renew your license and must contact the Department at [ra-in-producer@pa.gov](mailto:ra-in-producer@pa.gov) for instructions.

If you mail in your renewal, please allow 4 to 6 weeks for processing. **WE NO LONGER MAIL LICENSES.** Print a copy of your renewed license from our web site at [www.insurance.pa.gov](http://www.insurance.pa.gov) (click the Services for Producers & Other Licensees Link on the left hand side of the home page and then click the Print Your License link).

**MANDATORY BACKGROUND INFORMATION**

- YES  NO 1. Since the last renewal or initial application in this state, have you been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? **(If yes, please email an explanation to our Compliance Division at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**
- YES  NO 2. Since the last renewal or initial application in this state, have you been subject to an administrative action, penalized or fined, had an insurance producer license or other financial services license or its equivalent refused, suspended or revoked by a Governmental entity or is any such action now pending? **(If yes, please email an explanation to our Compliance Division at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**
- YES  NO 3. Since the last renewal or initial application in this state, have you failed to comply with an administrative or court order imposing a child support obligation? **(If yes, please email an explanation to our Compliance Division at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**
- YES  NO 4. Since the last renewal or initial application in this state, have you failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? **(If yes, please email an explanation to our Compliance Division at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**

**MANDATORY CERTIFICATION AND ATTESTATION**

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania, regarding the lines of authority for which I am licensed. **(Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned.)**

\_\_\_\_\_  
Applicant name (Printed or Typed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**IF YOU NEED TO CHANGE YOUR ADDRESS, PLEASE VISIT OUR WEB SITE AT**  
**[WWW.INSURANCE.PA.GOV](http://WWW.INSURANCE.PA.GOV)**

Pennsylvania Insurance Department  
Bureau of Licensing and Enforcement  
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Make checks payable to: Commonwealth of PA