



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF INSURANCE
BUREAU OF COMPANY LICENSING
AND FINANCIAL ANALYSIS
1345 STRAWBERRY SQUARE
HARRISBURG, PA 17120
www.insurance.pa.gov
717-787-2735**

**VIATICAL SETTLEMENT PROVIDER
BUSINESS ORGANIZATION LICENSE APPLICATION**

① Applicant Name		② Incorporation/Formation Date (month) (day) (year)		③ FEIN #: -	
④ DBA/Trade Name(s) (if applicable)			⑤ State of Domicile		
⑥ Corporate Address		⑦ City		⑧ State	⑨ Zip
⑩ Corporate Phone Number () -	⑪ Corporate Fax Number () -	⑫ Corporate Web Site Address	⑬ Corporate E-Mail Address		
⑭ Mailing Address (if different from above)		⑮ P.O. Box	⑯ City		⑰ State
⑱ Zip					

Designated Persons to Act as Viatical Settlement Providers Under this License

⑲ Attach a listing of every individual to be authorized to act as a viatical settlement provider under this license. A biographical affidavit (NAIC format) must be submitted by each individual listed.

Owners, Partners, Officers and Directors

⑳ Identify all owners, partners, officers, directors, board members, stockholders owning 10% or more interest, and any other persons having a material influence over the activities of the applicant:

Name: _____ Title: _____ SSN: _____ - -
Address: _____

Name: _____ Title: _____ SSN: _____ - -
Address: _____

Name: _____ Title: _____ SSN: _____ - -
Address: _____

Name: _____ Title: _____ SSN: _____ - -
Address: _____

Name: _____ Title: _____ SSN: _____ - -
Address: _____

(Please list additional owners partners, officers, directors, board members, stockholders owning 10% or more interest, and any other persons having a material influence over the activities of the applicant on separate sheet)

Attachments

Submit copies of the following documentation, as applicable:

- (i) Articles of Incorporation, (ii) Partnership Agreement, or (iii) Articles of Organization,
- certified copy of Certificate of Good Standing from the applicant's state of incorporation and domicile (if different than state of incorporation),
- copy of Fictitious Name Filing, if required, made with Pennsylvania Department of State,
- copy of Pennsylvania Department of State filing,
- an organizational chart showing relationship with all affiliates or a statement from an officer if a stand-alone business entity with no affiliates
- a surety bond in the amount of not less than \$100,000 (attach a copy of the bond to this application),
- a CPA report on the applicant that is not more than one year and 120 days old,
- an unaudited financial statement for the most recent quarter,
- a detailed Plan of Operation within Pennsylvania (addressing procedures to insure confidentiality of viator personal information and procedures to insure individuals acting on behalf of the licensee are adhering to the requirements of the Viatical Settlement Act),
- a certification of implementation of an antifraud plan meeting the requirements of section 10(g) of the Viatical Settlements Act,
- notice of agent for Service of Process in Pennsylvania, including such agent's address and telephone number, and
- each application for licensure shall be accompanied by a non-refundable fee in the amount of \$300.

Background Information

21 Please read the following very carefully and answer every question:

- A. Has the applicant or any person disclosed, or required to be disclosed, under question 20 above ever been convicted of, or currently charged with, committing a crime, whether or not adjudication was withheld? Yes No

“**CRIME**” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations, summary offenses and juvenile offenses. “**CONVICTED**” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine. “**CHARGED**” includes, but is not limited to, pending criminal charges that have not been subject to a final adjudication or disposition and any charges that are pending completion of an accelerated rehabilitative disposition program or any similar program.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) an official, certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment or disposition related to the charges.

- B. Has the applicant or any person disclosed, or required to be disclosed, under question 20 ever been involved in an administrative proceeding regarding any professional or occupational license? Yes No

“**INVOLVED**” means having a license censured, suspended, revoked, cancelled or terminated; or being assessed a fine, or any monetary penalty, placed on probation or supervision or surrendering a license to resolve an administrative action or investigation. “**INVOLVED**” also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license. “**INVOLVED**” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee. “**LICENSE**” includes any license, certificate, permit, certification or designation issued by any federal, state or local governmental entity, administrative board, regulatory body or any other public or private entity, the issuance of which permits or authorizes a person to engage in a profession or occupation or perform specific activities relating to a profession or occupation.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, the license number and the issuing body, and explaining the circumstances of each incident,
- b) an official, certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) an official, certified copy of the document that demonstrates the resolution of the charges or any final judgment or disposition entered in relation to the charges or allegations.

- C. Does the applicant or any person disclosed, or required to be disclosed, under question 20 currently hold, or has such entity or person ever held, a license related to the business of insurance or securities? Yes No

“**BUSINESS OF INSURANCE OR SECURITIES**” includes, but is not limited to, acting as an insurance producer, agent, broker, third party administrator, bail bondsman, motor vehicle physical damage appraiser, securities dealer or broker, or under any license issued by the Department or any other state or federal insurance or securities regulator.

- D. Has any demand been made or judgment rendered against the applicant or person disclosed, or required to be disclosed, under question 20 for overdue monies by an insurer, insured, insurance producer, or a viatical settlement or securities entity or client, or has the applicant or any person disclosed or required to be disclosed under question 20 ever been subject to a bankruptcy proceeding? Yes No

If you answer yes, you must attach to this application a written statement summarizing the details of the indebtedness and arrangements for repayment, and/or the type, date and location of the bankruptcy, as well as official, certified copies of any court documents pertaining to such demand, judgment or bankruptcy

- E. Has the applicant or any person disclosed, or required to be disclosed, under question 20 ever been notified by any jurisdiction in Pennsylvania of any delinquent tax obligation that is not the subject of a repayment agreement? Yes No

If you answer yes, you must attach to this application a written statement identifying the jurisdiction(s) to which delinquent taxes are owed and the amount(s) owed.

- F. Is the applicant or any person identified, or required to be identified, under question 20 a party to, or ever been found liable, or adjudged guilty in, in any lawsuit, arbitration or other civil, criminal or administrative proceeding involving allegations or charges of fraud, misappropriation, improper commingling or conversion of funds, misrepresentation or breach of trust or fiduciary duty? Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) an official, certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration or legal proceeding, and
- c) an official, certified copy of the documents that demonstrate the resolution of the allegations or charges or any final judgment.

- G. Has the applicant or any person disclosed, or required to be disclosed, under question 20 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a viatical settlement license, and
- b) copies of all relevant documents.

H. Is any person disclosed, or required to be disclosed, under question 20 the subject of a child support related subpoena or warrant? Yes No

If you answer yes, you must attach to this application an official, certified copy of the subpoena or warrant.

I. Does any person disclosed, or required to be disclosed, under question 20 have any child support obligation in arrearage? Yes No

If you answer yes, you must attach to this application a statement identifying the number of months and the amounts that you are in arrearage.

Applicant's Certification and Attestation
Viatical Settlement Provider Business Entity Officer Signature

22) The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and all attachments is true and complete and that the undersigned is aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation or denial and may subject the applicant and the undersigned to civil or criminal penalties.
2. The applicant grants permission to the Insurance Department to verify any information supplied in this application or any attachment with any federal, state or local government agency, current or former employer, or any insurance, securities or viatical settlement related entity.
3. The Insurance Department may give any information concerning the applicant or any person identified, or required to be identified, under questions 19 and 20 to any federal, state or local agency, or any other organization and the applicant and any person identified, or required to be identified, under question 20 releases the Insurance Department and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
4. The applicant and any person identified, or required to be identified, under questions 19 and 20 are familiar with the insurance and viatical settlement laws and regulations of the Commonwealth of Pennsylvania.
5. The undersigned is an authorized representative of the applicant and any person identified, or required to be identified, under questions 19 and 20, and is permitted to answer the aforementioned questions and provide the information supplied in this application and any attachments on behalf of the applicant and any person identified, or required to be identified, under questions 19 and 20. All answers and information provided in this application and any attachments are binding on the applicant and any person identified, or required to be identified, under questions 19 and 20.

SIGNATURE for Certification and Attestation

Authorized Representative Signature

Contact Person Name

Print/Type Name and Title of Authorized Representative

Contact Person Phone Number

Contact Person's E-Mail Address