APPLICANT'S NAME:

LICENSE NUMBER: BUSINESS EMAIL:

VIATICAL SETTLEMENT PROVIDER LICENSE RENEWAL ADDENDUM

		INSTRUCTIONS	
To rea	new you	r viatical settlement provider's license:	
1)	Verify	the name and license number on the License Renewal Notice.	
2)		Attach a completed biographical affidavit for each <u>new</u> individual who will be acting as a viatical settlement provider on behalf of the licensee.	
3)		Return the following, by the date specified, to the address on the License Renewal Notice: this renewal addendum and applies of the following documentation, as applicable:	
	 a) b) c) d) e) f) g) h) i) j) k) l) 	 new amendments to (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), a copy of any new Fictitious Name Filing made with Pennsylvania Department of State, a copy of any filings made with the Pennsylvania Department of State that have not previously been filed with the Insurance Department, an organizational chart showing relationship with all affiliates, if there have been any changes since last licensure evidence of a surety bond in the amount of not less than \$100,000, 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, any amendments to the detailed Plan of Operation within Pennsylvania, notice of any penalty or fine paid to this Department or the Insurance Department of any other state or province of Canada since the last renewal, notice of any license refused, suspended or revoked by this Department or the Insurance Department of any other state or province of Canada since the last renewal, notice of any change to the agent for Service of Process in Pennsylvania, including such agent's address and telephone number, and 	
	m)	each application for license renewal shall be accompanied by a non-refundable fee in the amount of \$300, payable to the "Commonwealth of Pennsylvania."	
MANDATORY APPLICANT'S CERTIFICATION			
licens that I activi	e issued understa	ertify under penalty of perjury that the foregoing statements and information are true and correct and any in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm and fully the insurance laws and regulations of Pennsylvania regarding viatical settlement provider e: False statements may result in criminal penalties, administrative enforcement action, or all of the ed.)	
Applica	nt/Officer/	Partner Signature Date	
Applica	nt/Officer/	Partner Name (printed or typed)	
Applicant/Officer/Partner Title (printed or typed)			