

you answer this question with a “yes” response, give details on a separate sheet, and label it as, “Response to Question 9”. Yes____ No____

10. Have the Authorities of any state ever called the applicant or any of its employees, partners, members, directors, or officers before them for any alleged violation(s) of insurance laws on any allegations of fraudulent or dishonest practices? **If you answer this question with a “yes” response, give details on a separate sheet, and label it as, “Response to Question 10”.** Yes____ No____

11. Has the applicant or any of its employees, partners, members, directors, or officers ever entered a consent order with any state insurance authority? **If you answer this question with a “yes” response, give details on a separate sheet, attach any order and label it as, “Response to Question 11”.** Yes____ No____

12. Has the applicant or any of its employees, partners, members, directors, or officers ever been found guilty of fraudulent or dishonest practices, or found guilty of a felony or any misdemeanor of which criminal fraud is an element, or is otherwise shown to be untrustworthy or incompetent? **If you answer this question with a “yes” response, give details on a separate sheet, attach any order and label it as, “Response to Question 12”.** Yes____ No____

ALL REQUIREMENTS LISTED BELOW MUST BE INCLUDED WITH APPLICATION ----EXCEPT in the case of a life insurance producer who has been duly licensed as a resident insurance producer with a life line of authority in this state or his or her home state for at least one (1) year and is licensed as a nonresident producer in this state; IN THAT CASE provide completed application with applicable fees, Exhibit D, Designation of Insurance Commissioner as Agent for Service of Process (if applicable), notarized signature and completion of Declaration page to the Oklahoma Insurance Department.

Exhibit A Pursuant to 36 O.S. §4055.3(F)(4)(b) provide evidence of a surety bond executed and issued by an insurer authorized to issue surety bonds in this state, a policy of errors and omissions insurance issued by an insurer authorized to do business in Oklahoma, or a deposit or cash, certificates of deposit, securities or any combination thereof in the amount not to exceed Fifty Thousand Dollars (\$50,000)

Exhibit B Pursuant to 36 O.S. §4055.3(F)(5) a legal entity must provide a certificate of good standing from the state of its domicile

Exhibit C Pursuant to 36 O.S. §4055.3(D) if application is for a LEGAL ENTITY, disclose the identity of all stockholders, partners, officers, members and employees affiliated with entity. The list **MUST** include the following information and may be provided under separate cover:

- Name
- Social Security Number
- Resident Address
- Position
- Signature
- Percentage of ownership of all persons responsible for the conduct of affairs of the applicant. Include past work experience and educational background.

Exhibit D Attach current Anti- Fraud Plan pursuant to 36 O.S. §§ 4055.3(F)(6),4055.13(G).

DESIGNATION OF INSURANCE COMMISSIONER AS AGENT FOR SERVICE OF PROCESS

NON-RESIDENT: IF APPLYING FOR THE FIRST TIME AS NON-RESIDENT, a \$10.00 SERVICE OF PROCESS FEE IS REQUIRED. 36 O.S. §§ 321(A)(3), 4055.3(G)

I designate the Insurance Commissioner of the State of Oklahoma as the person upon who may be served all lawful process in any action, suit or proceeding instituted by or on behalf of any interested person arising out of my insurance business in the State of Oklahoma.

This designation shall constitute an agreement that such service of process is of the same legal force and validity as personal service of process in the State of Oklahoma upon me. This designation further authorizes the Insurance Commissioner of the State of Oklahoma to forward any such process to me at my last "residence" address as it appears in the Oklahoma Insurance Commissioner's records. I understand that a failure to accept any such process shall subject my license to administrative action by the Oklahoma Insurance Commissioner.

Dated this _____ day of _____ year of _____.

Type or print Name of Applicant, Officer or Partner

Signature of Applicant, Officer or Partner

NOTARY PUBLIC

I, _____, being first duly sworn, state that I have read the within and foregoing application and that the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the license and I will write and receive commissions for the sale of only such insurance for which I am licensed to sell. I hereby realize that any intentional misstatement of any fact required to be disclosed by the application shall be cause for refusal or revocation of the license, and constitutes a violation of the Insurance Code of Oklahoma.

State of _____

Signature of Applicant

County of _____

Notary Public Signature

[Seal or Stamp]

My Commission Expires: _____

Date _____

DECLARATION

The DECLARATION must be signed by each applicant, partner, member, director, officer, and employee working for provider. (Make additional copies of this page as needed.)

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief and that I have read and understand the Viatical Settlement Act of 2008 and related regulations, including the following Statutes.

Title 36 O.S. §4055.6(B)

Except as otherwise allowed or required by law, a viatical settlement provider, viatical settlement broker, insurance company, insurance producer, information bureau, rating agency or company, or any other person with actual knowledge of an insured's identity, shall not disclose that identity as an insured, or the insured's financial or medical information to any other person unless the disclosure:

1. Is necessary to effect a viatical settlement between the viator and a viatical settlement provider and the viator and insured have provided prior written consent to the disclosure;
2. Is provided in response to an investigation or examination by the Commissioner or any other governmental officer or agency or pursuant to the requirements of subsection C of Section 13 of this act;
3. Is a term of or condition to the transfer of a policy by one viatical settlement provider to another viatical settlement provider;
4. Is necessary to permit a financing entity, related provider trust or special purpose entity to finance the purchase of policies by a viatical settlement provider and the viator and insured have provided prior written consent to the disclosure;
5. Is necessary to allow the viatical settlement provider or viatical settlement broker or their authorized representatives to make contacts for the purpose of determining health status; or
6. Is required to purchase stop loss coverage or financial guaranty insurance.

Signature

Date

Printed Name and Title

Signature

Date

Printed Name and Title

Signature

Date

Printed Name and Title