

8. Has the applicant, partner, any directors or officers ever had a Life Settlement Provider, Viatical Settlement Provider, or insurance license refused, revoked, suspended, or terminated by any insurance department? Yes ___ No ___
If yes, give details on a separate sheet, attach any order and label it Question 8.
9. Have the Authorities of any state ever called the applicant or any of its employee(s), directors or officers before them for any violation(s) of insurance laws on any allegations fraudulent or dishonest practices?
If yes, give details on a separate sheet, attach any order issued and label it Question 9. Yes ___ No ___
10. Has the applicant or any of its employee(s), directors, or officers ever entered a consent order with any state insurance authority?
If yes, give details on a separate sheet, attach any order and label it Question 10. Yes ___ No ___
11. Has the applicant or partner, directors or officers ever been found guilty of fraudulent or dishonest practices, has shown to be untrustworthy or incompetent to act as Life Settlement Provider, Viatical Settlement Provider, or has ever been convicted of a felony or any misdemeanor of which criminal fraud is an element; or the licensee has violated any of the provisions of this act?
If yes, give details on a separate sheet, attach any order issued and label it Question 11. Yes ___ No ___

LICENSE REQUIREMENTS

Please attach the following:

- Exhibit A Detailed Plan of Operation.
- Exhibit B What markets does the applicant intend to target? What geographic areas?
- Exhibit C Who will produce business for the applicant and how will these persons be recruited, trained and compensated?
- Exhibit D What is the anticipated number of persons the applicant plans to have marketing its products or services?
- Exhibit E What is the total \$ amount of projected Oklahoma business over the next 5 years?
- Exhibit F Give a detailed description of the corporate organizational structure of the applicant, its parent company and **all affiliates**. This description should include a chart showing the ownership percentages of all affiliated companies up to and including the ultimate controlling person.
- Exhibit G Give a detailed description of the steps taken by the applicant to ensure immediate access to owner funds.
- Exhibit H List all of the names, business addresses and job titles/positions of applicant's partners, directors, officers, and key management personnel, or other designated persons intending to operate under this license. Include past work experience and education/training background. Only those names in the application may act for the provider.
- Exhibit I Identity of any person who has a beneficial interest or ownership of more than 10% of the applicant or the applicant's stock. Specify name, address, title, and the corresponding percentage of ownership.
- Exhibit J A list of the name and address of any licensed financial institutions where the applicant has established an escrow account.
- Exhibit K Explain applicant's procedures for keeping all medical information confidential.
- Exhibit L List all of the states in which you are currently licensed or are pending to be licensed as a Life Settlement Provider.
- Exhibit M Enclose all copies for Contracts, application forms and advertising materials intended to be used in the State of Oklahoma.
- Exhibit N If applicant is a corporation, partnership or Limited Liability Corporation, please attach a current Certified copy of the Certificate of Incorporation or Partnership Agreement and a copy of the Oklahoma Secretary of State's Certificate of Qualification.
- Exhibit O Attach Anti – Fraud Plan.

DECLARATION

Must be signed by each broker 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 have read and understand the following Statutes.

36§ 4087

E. A license issued to a firm, partnership, corporation, or other entity authorizes all members, officers, and designated employees to act as Life Settlement Providers under the license, and all such persons must be named in the application and any supplements to the application.

36§ 4090

- A. Each licensee shall file with the Commissioner on or before March 1 of each year an annual statement containing such information as the Commissioner may prescribe by rule.
- B. The Commissioner may, when the Commissioner deems it reasonably necessary to protect the interest of the public, examine the business and affairs of any licensee or applicant for a license. The Commissioner shall have the authority to order any licensee or applicant to produce any records, books, files, or other information reasonably necessary to ascertain whether or not the licensee or applicant is acting or has acted in violation of the law or otherwise contrary to the interests of the public. The expenses incurred in conducting any examination shall be paid by the licensee or applicant.
- C. Names and individual identification data for all owners shall be considered confidential information and shall not be disclosed by the Commissioner, unless required by law.
- D. Records of all transactions of Life Settlement contracts shall be maintained by the licensee and shall be available to the Commissioner for inspection during reasonable business hours.

Signature

Date

Printed Name and Title

Signature

Date

Printed Name and Title

Signature

Date

Printed Name and Title

Signature

Date

Printed Name and Title