



Resident Fee:
New Application: \$500.00

Total Amount Enclosed: \$ _____

Check Number: _____

Non Resident Fees*:
New Application: \$500.00
Service of Process: \$20.00

Total Amount Enclosed: \$ _____

Check Number/s: _____

KIM HOLLAND
OKLAHOMA INSURANCE COMMISSIONER
2401 NW 23rd Street Suite 28 (Zip Code 73107)
P.O. Box 53408 (Zip Code 73152-3408)
Oklahoma City, OK
(405) 521-3916

APPLICATION FOR VIATICAL SETTLEMENT BROKER

ATTENTION: WE COOPERATE WITH THE OKLAHOMA COUNTY DISTRICT ATTORNEY IN THE PROSECUTION OF BOGUS CHECK WRITERS.

I hereby acknowledge my understanding that an intentional misstatement of fact required to be disclosed on this application constitutes a violation of the Insurance Code and shall be cause for refusal or revocation of this license. Law cites include: The Viatical Settlements Act of 2008, Title 36 § 4055.1 et seq. and Title 365:25-11-1. through Title 365:25-11-11. PLEASE INITIAL: _____

Type of application: RESIDENT NON-RESIDENT

INDIVIDUAL CORPORATION PARTNERSHIP LIMITED LIABILITY CORPORATION

1. Applicant's Name _____ DOB: ____/____/____
Last First Middle

2. Corporation Name _____
If Corporation, are you authorized by the Secretary of State to transact business in Oklahoma? Yes____ No____
Please contact the Secretary of State for qualification requirement (405) 521-3911.

2. (A) If there has been a name change, list old name: _____ License No.: _____

Attach amended articles of incorporation reflecting name change and amended Oklahoma Secretary of State Certificate of Authority

3. Applicant's SSN: _____ Company's FEIN: _____ Oklahoma License No.: _____

4. Mailing Address: _____

_____ City State Zip

5. Telephone Number: _____ Fax Number: _____

6. Contact Person: _____ Email: _____

7. Principal Business Address _____

_____ City State Zip

8. What state are you domiciled in? _____

***Retaliatory fees may apply pursuant to 36 O.S. § 628**

9. Has the applicant or any of its employees, partners, members, directors, or officers ever had a Life Settlement Broker, Viatical Settlement Broker, or insurance license refused, revoked, suspended, or terminated by any insurance department? **If 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 been convicted of or pled guilty to any criminal felony involving dishonesty or a breach of trust, or convicted of or pled guilty to an offense under Section 1033 of Title 18 of the United States Code? **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___
13. I understand that the designated Mailing Address will be subject to public record and that all correspondence from the Oklahoma Insurance Department will be sent to said address? Yes___ No___

FORM FILINGS should not be submitted with the application, but under separate cover to the Rate and Form Filing Division within the Oklahoma Insurance Department, once the license is issued.

ALL REQUIREMENTS LISTED BELOW MUST BE INCLUDED WITH APPLICATION ----EXCEPT in the case of a resident or nonresident insurance producer who has held a life line of authority pursuant to the Oklahoma Producer Licensing Act, 36 O.S. §1435.1 et seq for at least one year; 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 of 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 with a 10% or over ownership, partners, officers, directors and members affiliated with entity. You must provide the following information and may be provided under separate cover:

- UCAA Biographical for each individual
- Independent third party verification (Background check)

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

DECLARATION

The DECLARATION must be signed by all the applicants, partners, members, directors and officers working for broker. (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