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:	

OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th, Suite 100, Oklahoma City, OK 73112-4511
(405) 521-3916 or Fax: (405) 522-3642 Toll Free In-State 800-522-0071
www.oid.ok.gov

APPLICATION FOR VIATICAL SETTLEMENT PROVIDER

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? _____

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 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

Exhibit A Pursuant to 36 O.S. §4055.3(F)(1) Detailed plan of operation

Exhibit B Pursuant to 36 O.S. §4055.3(F)(4)(a) 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 of cash, certificates of deposit, or securities or any combination thereof in the amount not to exceed Fifty Thousand Dollars ($50,000)

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

DESIGNATION OF INSURANCE COMMISSIONER AS AGENT FOR SERVICE OF PROCESS

NON-RESIDENT: IF APPLYING FOR THE FIRST TIME AS NON-RESIDENT, a $20.00 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_____) _____
)ss Signature of Applicant
County of _____)

_____ Date_____
Notary Public Signature

[Seal or Stamp]

My Commission Expires: _____

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:

Title 36 O.S. §4055.6(A)(B)

A. Each viatical settlement provider shall file with the Insurance Commissioner on or before March 1 of each year an annual statement containing information as the Commissioner may prescribe by regulation. In addition to any other requirements, for any policy settled within five (5) years of the date of issuance of the policy, the annual statement shall specify the total number, aggregate face amount and life settlement proceeds of policies settled during the immediately preceding calendar year, together with a breakdown of the information by policy-issue year. The information shall be limited to only those transactions where the viator is a resident of this state. Individual transaction data regarding the business of viatical settlements or data that could compromise the privacy of personal, financial and health information of the viator or insured shall be filed with the Commissioner on a confidential basis.

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