

STATE OF WEST VIRGINIA OFFICES OF THE WEST VIRGINIA INSURANCE COMMISSIONER

Agent Licensing & Education Renewal for Viatical Settlement Broker License-Business Entity

(Please Print or Type)

Please Check the Appropriate Box for Residency:

Resident Nonresident
 Identify Home State _____
 If applicable, Identify Home State License # _____

Please Check the Appropriate Box for Type of Business Entity:

Corporation LLC Partnership Sole Proprietorship Other

| GENERAL INFORMATION | | | | | | |
|--|-------------|---|-------------------------|-------------------------------------|---------------------------|--|
| Business Entity Name | | | | Incorporation/Formation Date | | |
| Fein # | | If assigned, National Producer Number (NPN) | | If applicable, NASD Firm CRD Number | | |
| Business Address | | | P.O. Box | City | State Zip | |
| Business Phone Number () | | Business Fax Number () | Business E-mail Address | | Business Web Site Address | |
| Mailing Address | | | P.O. Box | City | State Zip | |
| Assumed Business Name | | | | State of Domicile | Country of Domicile | |
| Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| OWNERS, PARTNERS, OFFICERS AND DIRECTORS | | | | | | |
| Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity: | | | | | | |
| Name _____ | Title _____ | SSN/FEIN _____ | Owner | Yes | <input type="checkbox"/> | |
| | | | | No | <input type="checkbox"/> | |
| Name _____ | Title _____ | SSN/FEIN _____ | Owner | Yes | <input type="checkbox"/> | |
| | | | | No | <input type="checkbox"/> | |
| Name _____ | Title _____ | SSN/FEIN _____ | Owner | Yes | <input type="checkbox"/> | |
| | | | | No | <input type="checkbox"/> | |
| Name _____ | Title _____ | SSN/FEIN _____ | Owner | Yes | <input type="checkbox"/> | |
| | | | | No | <input type="checkbox"/> | |
| Name _____ | Title _____ | SSN/FEIN _____ | Owner | Yes | <input type="checkbox"/> | |
| | | | | No | <input type="checkbox"/> | |

VIATICAL SETTLEMENT BROKER RENEWAL – BUSINESS ENTITY

Background Information

Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

VIATICAL SETTLEMENT BROKER RENEWAL – BUSINESS ENTITY

Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Where required by law, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

AMOUNT: \$200.00 (payable to WV Offices of the Insurance Commissioner)

RENEWAL LICENSE PRINT – After a renewal fee has been received and posted, the renewed license may be printed at www.wvinsurance.gov/Divisions/Agent-Licensing, go to license print under the links section.

Mail Renewal form, fee and attachments, if any, to:

**WVOIC-Agents Licensing & Education
PO Box 50541
Charleston WV 25305-0541**

**Overnight Address:
900 Pennsylvania Avenue
Charleston WV 25302**