



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

Viatical Settlement Provider License Application

Name of Applicant: _____

DBA (if applicable): _____

Home Office Address: _____
(Street or PO Box)

(City) (State) (Zip Code)

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip Code)

Contact Person: _____

Phone Number: _____

E-mail Address: _____

Type of Business Organization: Corporation Partnership Limited Liability Company
 Other (Identify/Explain below)

State of Domicile: _____

Date Incorporated: _____

FEIN Number: _____

Accredited by the National Association of Insurance Commissioners

List all the states in which an application for a viatical settlement provider license is currently pending:

List all the states which the applicant is currently licensed or registered as a viatical settlement provider:

List all the states for which a viatical settlement provider application has been refused or denied:

Provide the information below for each individual authorized to act as the viatical settlement provider under this license:

Name	Job Title	Address

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List names and address of all members, officers, or owners of the applicant:

Full Name	Title	Address	% Ownership

With regard to the applicant, and all members, partners, directors, officers, affiliates, stockholders, and designated employees who are conducting the business of the applicant:

- A. Have any been found guilty of fraudulent or dishonest practices? Yes No
- B. Have any been subject to a final administrative action or otherwise been shown to be untrustworthy or incompetent to act as a viatical settlement provider? Yes No
- C. Have any demonstrated a pattern of unreasonable payments to viators? Yes No
- D. Have any been convicted of a felony or any misdemeanor involving moral turpitude? Yes No
- E. Have any unlawfully engaged in the business of viatical settlements in other states? Yes No
- F. Have any failed to honor contractual obligations set out in a viatical settlement contract? Yes No

If the response to any of the questions is Yes, please provide details including dates, locations, disposition, etc. (attaching supporting documentation as appropriate). If a NAIC Biographical Affidavit provided with application already addresses such a response, please identify the individual.

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Notarial Acknowledgement Required of all Applicants

Dated and signed this _____ day of _____, 20____ at _____ being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained in this application are true and correct.

Signature of the President/CEO of the provider

Full Legal Name of the Provider (type or print)

State of _____

City/County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

(SEAL)

My Commission expires: _____

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