



State of Maryland
MARYLAND INSURANCE ADMINISTRATION
 525 St. Paul Place, Baltimore Maryland 21202-2272
 www.mdinsurance.state.md.us

Official Use Only:

Fee: _____

App: _____

No.: _____

**VIATICAL SETTLEMENT
 REGISTRATION APPLICATION**

This Application Form is required for Registration pursuant to Section 8-604 of the Insurance Article.

Indicate Type of Applicant		
This application is for an/a (check one): →	<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Renewal of Registration
This application is for a (check one): →	<input type="checkbox"/> Viatical Settlement Broker	<input type="checkbox"/> Viatical Settlement Provider
This applicant is an/a (check one): →	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity

- **Viatical Settlement Broker** means an insurance producer who is licensed in the State to sell life insurance and, on behalf of a viator and for a fee, commission, or other valuable consideration, offers or attempts to negotiate viatical settlement contracts between a viator and one or more viatical settlement providers.
- **Viatical Settlement Provider** means a person, other than a viator, that enters into or effectuates a viatical settlement contract.

Section 1 - Applicant Information (all Applicants)				
1. Applicant Name (Individual or Business)		2. DBA/Trade Name (if applicable)		
3. National Producer Number	4. FEIN Number (if applicable)	5. Social Security Number (SSN) (if applicable)		
6. Business Address (Physical Location)		7. City	8. State	9. Zip
10. Business Phone Number	11. Business Fax Number	12. Business E-mail Address	13. Business Web Site	

Section 2 - Individual Broker/Provider Applicant Information (if applicable)				
14. Residence Address(Physical Location)		15. City	16. State	17. Zip
18. Home Phone Number	19. Indicate other states in which applicant licensed as viatical broker/provider			
20. Mailing Address (if other than Residence)		21. City	22. State	23. Zip

Section 3 - Business Entity Broker/Provider Applicant Information (if applicable)
24. List all owners, partners, officers, board members and directors, and stockholders owning 10% or more interest, and any other persons having a material influence over the activities of the applicant business entity. Provide mailing address for each.
Name: _____ Title/Position: _____ SSN: _____ Address: _____
Name: _____ Title/Position: _____ SSN: _____ Address: _____
Name: _____ Title/Position: _____ SSN: _____ Address: _____
Name: _____ Title/Position: _____ SSN: _____ Address: _____
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Name: _____ Title/Position: _____ SSN: _____ Address: _____
Name: _____ Title/Position: _____ SSN: _____ Address: _____
Name: _____ Title/Position: _____ SSN: _____ Address: _____

25. If a Business Entity, identify all owners, partners, officers, Board members, directors, producers or employees authorized to act as a Viatical Settlement Broker/Provider. Provide mailing address for each.

Name: _____ National Producer No: _____ SSN: _____
 Address: _____
 Name: _____ National Producer No: _____ SSN: _____
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 Name: _____ National Producer No: _____ SSN: _____
 Address: _____
 Name: _____ National Producer No: _____ SSN: _____
 Address: _____

Section 4 - Service of Process Information

26. Give the full name, address, telephone number and e-mail address of the Agent for Service of Process appointed by the Applicant.

Name: _____ National Producer No: _____ SSN: _____
 Address: _____
 Telephone: _____ E-mail: _____

27. Give the full name, title, address, telephone number and e-mail address, on behalf of the Applicant, shall be responsible for handling or responding to regulatory complaints, application forms, or questions regarding its activities in the State of Maryland.

Name: _____ National Producer No: _____ SSN: _____
 Address: _____
 Telephone: _____ E-mail: _____

Section 5 - Applicant Background Information

The Applicant must read the following very carefully and answer every question. Individual Applicants must answer questions 28 - 36. Business entity Applicants must answer questions 28 - 39. **Attach a full explanation and/or the requested information for any questions answered "yes" as an Attachment to this application.** All written statements submitted by the Applicant must include an original signature and reference the Applicant's name and identifying SSN or FEIN number.

28. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity been refused a license to act as a Viatical Settlement Broker or Viatical Settlement Provider, or has any license to act as such ever been denied, suspended, revoked or surrendered for any disciplinary reason in any state either as an individual or as a member/producer of a business entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Is the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity under investigation by any regulatory authority or subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity been involved in an administrative proceeding regarding any professional or occupational license? "Involved" means having a license censured, suspended, revoked, canceled, terminated: or, being assessed a fine, placed on probation, or surrendering a license to resolve an administrative action; or being named as a party to an administrative or arbitration proceeding related to a professional or occupational license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Is the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity a defendant in any lawsuit asking for a judgement that is equal to or greater than 10% of the total assets of the Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity been convicted of any misdemeanor of which criminal fraud is an element?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity been convicted of any felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

34. Is the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Has any demand been made or judgement rendered against the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity for overdue monies by an insurer, viator or producer, or has the applicant been subject to a bankruptcy proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Has the Applicant changed its name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. As a business entity, has the Applicant ever merged or consolidated with any other entity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Does the Applicant, as a business entity, contemplate a change in management or any transaction, which would normally result in a change of management and/or a change of its assets or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Is the Applicant currently in receivership, liquidation or conservation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 6 - Applicant Certification and Attestation

As the Applicant or as the authorized representative of the business entity Applicant, I hereby certify under penalty of perjury, that:

- (a) All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for revocation or denial of registration and may subject me to civil or criminal penalties.
- (b) Permission is granted to the State of Maryland Insurance Commissioner or his designated representative to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- (c) The State of Maryland Insurance Commissioner or his designated representative is authorized to give any information concerning me, as permitted by law, 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.
- (d) All viatical settlement forms, brochures and contracts used will comply with insurance laws and regulations of the State of Maryland and contain the required disclosures.
- (e) If registered as a viatical settlement provider, an antifraud plan will be in place and filed with the Insurance Commissioner.
- (f) Applicant understands and will comply with the insurance laws and regulations of the State of Maryland to which to which application for registration is hereby made:

Original Signature

Date

Full Typed or Printed Name of Signer

Title

Section 7 - Attachments

Information needed in response or in supplement to other sections of the Application must be included as attachments to complete the Application. Failure to provide the required Attachments may result in the Application being returned unprocessed or considered deficient. Each Attachment page must include an original signature of the Applicant or its authorized representative along with the Applicant's identifying SSN or FEIN.

Section 8 - Applicant Registration Fee

For Initial Registration: Applicant shall pay a non-refundable fee to the State of Maryland in the amount of \$250 for a Viatical Settlement Broker Registration, or \$1,000 for a Viatical Settlement Provider Registration.

For Registration Renewal: Registrant shall shall pay a non-refundable fee to the State of Maryland in the amount of \$50.

All fees should be made payable to the Maryland Insurance Administration by check or money order.