

Ohio Department of Insurance

Ted Strickland – Governor
 Mary Jo Hudson – Director



VIATICAL SETTLEMENT LICENSE APPLICATION

Type of Applicant: <input type="checkbox"/> Viatical Settlement Broker* <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity

* **Viatical Settlement Broker** - a person that, on behalf of a viator and for a fee, commission, or other valuable consideration, offers or attempts to negotiate viatical settlements between a viator and one or more viatical settlement providers.

① Applicant Name		② Social Security Number		③ FEIN Number		④ DOB/Date of Incorporation	
⑤ DBA/Trade Name (if applicable)				⑥ State of Domicile		⑦ County	
⑧ Business Address (Physical Location)			⑨ City		⑩ State	⑪ Zip	
⑫ Phone Number ()		⑬ Fax Number ()		⑭ Business Web Site Address		⑮ Business E-Mail Address	
⑯ Mailing Address			⑰ P.O. Box		⑱ City		⑲ State ⑳ Zip

Official List of Management and Owners

⑳ If a Business Entity, identify all owners, partners, officers, members and directors of the applicant:

Name _____	Title _____	SSN/NPN* _____	
Resident Address _____		% of Ownership _____	
Name _____	Title _____	SSN/NPN* _____	
Resident Address _____		% of Ownership _____	
Name _____	Title _____	SSN/NPN* _____	
Resident Address _____		% of Ownership _____	
Name _____	Title _____	SSN/NPN* _____	
Resident Address _____		% of Ownership _____	
Name _____	Title _____	SSN/NPN* _____	
Resident Address _____		% of Ownership _____	
Name _____	Title _____	SSN/NPN* _____	
Resident Address _____		% of Ownership _____	

* Agent National Producer Number (NPN) or last four digits of SSN

Authorized Producers

23 If a Business Entity, identify all owners, partners, officers, members, directors or designated employees authorized to act as a viatical settlement broker:

Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____
Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____
Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____
Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____
Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____
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Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____
Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____
Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____
Name _____	SSN/NPN* _____
Resident Address _____	Date of Birth _____

* Agent National Producer Number (NPN) or Last four digits of SSN

Service of Process Information

24 Please read the following very carefully and answer every question:

1. Give the full name and address of the Agent for Service of Process appointed by the applicant, per O.R.C. 3916.03.

2. Give the full name, address and telephone number of the person, on behalf of the applicant, who shall be responsible for handling or responding to regulatory complaints, application forms, or questions regarding its activities in this State.

Background Information

25 Please read the following very carefully and answer every question. ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY QUESTIONS ANSWERED YES:

1. Has the applicant, or any owner, partner, officer, member, director or authorized producer of the business entity been convicted of or currently charged with, committing a crime, whether or not adjudication was withheld? Yes No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 no contest, or having been given probation, a suspended sentence or a fine.

If the answer is yes, attach to this application:

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

2. Is the applicant, or any owner, partner, officer, member, director or authorized producer of the business entity under investigation by any regulatory authority? Yes No

3. Has the applicant, or any owner, partner, officer, member, director or authorized producer of the business entity been subject to any regulatory action including cease and desist orders or similar actions? Yes No

4. Has the applicant or any owner, partner, officer, member, director or authorized producer of the business entity been involved in an administrative proceeding regarding any professional or occupational license? Yes No

"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. "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 the answer is yes to questions # 2 - 4, attach to this application:

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

5. Has the applicant changed its name? Yes No

6. Is the applicant a defendant in any lawsuit asking for a judgment that is equal to or greater than 10% of the total assets of the applicant? Yes No

THE FOLLOWING QUESTIONS APPLY TO BUSINESS ENTITIES ONLY:

7. Has the applicant ever re-domesticated? Yes No

8. Has the applicant ever merged or consolidated with any other entity? Yes No

9. Is the applicant presently negotiating or inviting negotiations or party to a counter-letter, which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business? Yes No

10. Does the applicant contemplate a change in management or any transaction, which would normally result in a change of management within the reasonably foreseeable future? Yes No

11. Is the applicant currently in receivership, liquidation or conservation? Yes No

12. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer, member, director or authorized producer of the business entity for overdue monies by an insurer, insured, viator or producer, or has the applicant been subject to a bankruptcy proceeding? Yes No

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

13. Is the applicant or any owner, partner, officer, member or 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? Yes No

If the answer is yes, attach to this application:

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

14. Has the applicant or any owner, partner, officer, 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? Yes No

If the answer is yes, 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) copies of all relevant documents.

Applicant Certification and Attestation

26) The undersigned owner, partner, officer, member, director or authorized producer of the business entity of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and the applicant is 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 the applicant to civil or criminal penalties.
2. The applicant grants permission to the Ohio Superintendent of Insurance to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
3. The applicant certifies that either the applicant has provided a written designation of an agent for service of process with the Superintendent or in the alternative provides irrevocable consent that any action against the applicant may be commenced against the applicant by service of process on the Superintendent.
4. The applicant authorizes the Ohio Department of Insurance to give any information they may have concerning the applicant to any federal, state or municipal agency, or any other organization and the applicant releases the Ohio Department of Insurance and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. The applicant acknowledges that the applicant is familiar with the insurance laws and regulations of the State of Ohio.

Signatures

27) Application must be signed by the individual applicant, or if a Business Entity applicant, application must be signed by an owner, partner, officer, member, or director of the applicant:

Signature	Date
Typed or Printed Name	
Title	
Address	
City, State Zip	

Attachments

28) The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Application must be accompanied by a non-refundable fee (check or money order) made payable to the "Ohio Treasurer Richard Cordray" in the amount of: \$ 200.00
2. If a non-resident applicant is not from a Producer Database state, a home state certification letter dated within 90 days is required.
3. If applicant is applying as a Business Entity, the additional attachments may be necessary:
 - a. A detailed plan of operation which addresses the following items:
 - A description of the corporate organizational structure of the applicant, its parent company and all affiliates.
 - A description of the procedures used by the applicant to insure that an insured's identity, individual identification data, financial, and medical information are kept confidential as provided in section 3916.13 of the Revised Code.
 - A description of the anti-fraud program.
 - b. If applicable, a copy of the articles of incorporation/organization, operating agreement, partnership agreement, trust agreement or other such organizational document of the applicant certified by the proper domiciliary official. (Where articles of incorporation/organization were filed.)
 - c. Proof of registration with the Ohio Secretary of State..

Please note that a criminal records check is required for all authorized producers as a part of the application process. Please contact the Ohio Department of Insurance at (614) 644-2665 ext. 2158 for a list of participating web check sites or for fingerprint cards.