



Texas Department of Insurance

Life/Health Division, Mail Code 106-1A
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3401 telephone • 512-322-3552 or 512-322-3506 fax • www.tdi.state.tx.us

Application for Viatical / Life Settlement Registration or Renewal or Notification of Change of Information or Non-renewal of a Certificate of Registration

This application is to be used by an applicant that intends to engage in the business of viatical / life settlements pursuant to the provisions of *Texas Insurance Code*, Chapter 1111, and 28 TAC §3.1701 et seq., for both initial and renewal application for a certificate of registration. This application is also to be used to provide notification of a change to the information currently on file with the Department or of the intent to non-renew a certificate of registration.

Your application will not be processed unless all required information (including fingerprint cards) is provided. **Please read the instructions beginning on page 11 before completing this form.** The application must be typed or printed legibly in ink. Please return this form with the appropriate application fee(s), if applicable, in the form of a check or money order made payable to the Texas Department of Insurance.

A. Purpose of Application

Date of Application: _____

1. Application for Certificate of Registration (check as applicable):

- Initial Registration (provide fingerprint cards for any person listed in B.8 and B.9)
 - Renewal Registration (provide registration number in A.3)
- | | <u>2-Year Fee</u> |
|---|-------------------|
| <input type="checkbox"/> Viatical and Life Settlement Broker | \$250 |
| <input type="checkbox"/> Underwriter or Tracking Entity | |
| <input type="checkbox"/> Viatical and Life Settlement Provider | \$500 |
| <input type="checkbox"/> Viatical and Life Settlement Provider Representative** | \$250 |
- **If checked, must attach a completed Notice of Exclusive Representation in Section I on page 9.

2. Notification of (check as applicable and provide registration number in A.3):

- Change of Information*..... No charge
- *Complete only the sections of the application where information has changed.
- Non-renewal/Surrender of a Certificate of Registration for:
 - Provider Provider Representative Broker

If you are a provider and non-renewal/surrender was selected, you must indicate whether all settlement contracts:

- have matured or have not matured

If settlement contracts have not matured, you must indicate the action to be taken pursuant to 28 TAC §3.1704:

- §3.1704(e)(1)(A) Renew registration – providers only \$500
- §3.1704(e)(1)(B) Sell the non-matured settlements No charge
- §3.1704(e)(1)(C) Appoint another registered person to track No charge
- §3.1704(e)(2)(A) Renew Registration – provider representative & brokers \$250
- §3.1704(e)(2)(B) Appoint another registered person to track No charge

3. Registration Number, if applicable _____

4. Texas General Life, Accident and Health License Number, if applicable. _____ See Instructions on page 12 before proceeding.

B. Demographic Information

1. _____
Full Legal Name of Applicant (i.e., individual, partnership, corporation, etc.)

2. Organizational Information: _____ individual _____ corporation* _____ trust
_____ sole proprietor _____ partnership* _____ other (specify) _____

*Any corporation or partnership, applying for a certificate of registration, must submit a current copy of its certificate of existence as a registered corporation or partnership from the Texas Secretary of State.

3. _____
Business or Assumed Name, if any

In addition, any corporation or partnership registering a business or assumed name will need to submit a certificate of existence and a certificate of fact of assumed name from the Texas Secretary of State.

4. _____
Federal Employer Identification Number (F.E.I. Number) or
if individual, Social Security Number and Date of Birth (Month/Day/Year)

5. _____
Mailing Address: Street, Physical Location, Route or P.O. Box

City State Zip

6. _____
Business Address: Street, Physical Location or Route

*Non-resident applicants applying for a certificate of registration must submit the additional information as noted in item B6 of the instructions on page13.

City State Zip

7. (_____) _____ - _____
Daytime Phone Number E-Mail Address

8. List Personnel

Identify the applicant, if an individual. If the applicant is an organization, identify applicant's officers, directors, key management personnel, or anyone else who has authority to direct the management of the organization. Provide the address, date of birth, Social Security number, job title, general responsibilities, and a fingerprint card for each person listed. **(Attach additional sheets if necessary.)**

Identity		Job Title and Responsibilities
Name		
Address		
Date of Birth (mm/dd/yyyy)	- -	
Social Security Number	- -	

Identity		Job Title and Responsibilities
Name		
Address		
Date of Birth (mm/dd/yyyy)	- -	
Social Security Number	- -	

9. List Ownership Interest

Identify any person who has a beneficial interest or ownership of 10% or greater of the applicant or the applicant's stock. Specify the individual or entity's name, address, date of birth, Social Security number, corresponding percentage of ownership and, if not previously listed in B.8, provide fingerprint cards for each person identified. Where the 10% or greater interest or ownership is held by another company, persons with interest or ownership of 10% or greater must be provided. **(Attach additional sheets if necessary)**

Identity		Percentage
Name		
Address		
Date of Birth (mm/dd/yyyy)	- -	
Social Security Number	- -	

Identity		Percentage
Name		
Address		
Date of Birth (mm/dd/yyyy)	- -	
Social Security Number	- -	

Identity		Percentage
Name		
Address		
Date of Birth (mm/dd/yyyy)	- -	
Social Security Number	- -	

Identity		Percentage
Name		
Address		
Date of Birth (mm/dd/yyyy)	- -	
Social Security Number	- -	

C. Screening Questions

NOTE: If you answer “Yes” to any question in 1–6, you must provide full details, including dates, on a separate sheet of paper. Application processing will be suspended until the details are received and a review is completed. **References to “shareholders” in the questions for this section include ONLY those shareholders who have a beneficial interest or ownership of 10% or greater in the applicant or the applicant’s stock.**

1. Excluding traffic violations and first offense DUI, does applicant, or if applicant is not an individual, the applicant’s officers, directors, shareholders, employees or affiliates, individually or through connection with a partnership, corporation, or other legal entity:
 - a. have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against it in Texas, any other state, or by the federal government?
 No Yes **If “Yes,” please attach original certified documentation of the offense.**
 - b. have convictions of any misdemeanor or felony offense in Texas, any other state, or by the federal government?
 No Yes **If “Yes,” please attach original certified documentation of the offense.**
 - c. ever had adjudication deferred on any misdemeanor or felony charge or offense in Texas, any other state, or by the federal government?
 No Yes **If “Yes,” please attach original certified documentation of the offense.**
 - d. ever served any period of probation for any misdemeanor or felony offense in Texas, any other state, or by the federal government?
 No Yes **If “Yes,” please attach original certified documentation of the offense.**
2. Has applicant, or if applicant is not an individual, the applicant’s officers, directors, shareholders, employees, or affiliates, individually, or through connection with a partnership, corporation or other legal entity ever been the subject of an administrative or legal action filed by the State of Texas, the Texas Department of Insurance, or any other state or federal regulatory body; of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance or securities laws that have not been previously reported in writing to the Texas Department of Insurance?
 No Yes **If “Yes,” please give details on a separate sheet.**
3. Has applicant, or if applicant is not an individual, the applicant’s officers, directors, shareholders, employees, or affiliates, individually or through connection with a partnership, corporation, or other legal entity:
 - a. been charged in any capacity whatsoever by an insurer, society, employer, or other with irregularities in money or any other transaction?
 No Yes **If “Yes,” please give details on separate sheet.**
 - b. compromised liabilities with creditors, been insolvent, or adjudged bankrupt?
 No Yes **If “Yes,” please give details on separate sheet.**
4. Do you currently hold a resident insurance license in any state other than Texas or have you held a resident insurance license in any state other than Texas within the last five years?
 No Yes **If “Yes,” please attach a copy of your current license and state the reason any license(s) previously held are no longer active.**
5. Have you previously held or do you currently hold any license or registration from the Texas Department of Insurance?
 No Yes **If “Yes,” please attach a list of all types of licenses and/or registrations and number of years held on a separate sheet of paper.**
6. Do you currently hold or have you held a license or registration as a viatical / life settlement provider or broker or provider representative or any other license or registration in connection with the business of viatical or life settlements in any state other than Texas?
 No Yes **If “Yes,” please attach a copy of your current license or registration and an explanation regarding any licenses or registration held but no longer active.**
7. Are you fully aware that a viatical / life settlement provider, broker, or provider representative is required to file with the Texas Department of Insurance all forms used to effect a viatical or life settlement contract; all advertising, marketing and solicitation materials; a report reflecting viatical or life settlement business transacted; all assumed names and office locations utilized in conducting viatical or life settlement business; and changes in any information contained in this application?
 No Yes

8. Are you fully aware: That you or any person with whom you conduct viatical or life settlement business may not release any confidential information about a viator, life settlor, or owner unless such release is allowed by law? That you are responsible for making a factual determination that any person retained to aid in the effectuation of viatical or life settlements, and to whom confidential information of a viator, life settlor, or owner is to be released, must have procedures in place to prevent the accidental or unauthorized release of any viator's, life settlor's, or owner's confidential information? Of the restrictions related to escrow or trust accounts? That the department may request detailed explanations related to, or examine at your expense, your viatical or life settlement business?
 No Yes

D. Additional Information.

If the applicant has additional offices and/or assumed names, attach a list of all locations for all additional offices, and show any assumed names used at each location, along with a copy of each valid assumed name certificate. See Section B.3 on Page 12 for more information.

E. Escrow or Trust Information

This section must be completed by the applicant who utilizes or anticipates using an escrow or trust.

List the name and address of the licensed financial institution(s) where the applicant has established or will establish an escrow or trust account and the name, professional title (e.g. attorney, CPA), and address of the escrow agent or trustee. (Attach additional sheets if necessary.)

Name of institution		Address
Escrow Agent or Trustee	Professional Title	Address

F. Tracking Information

List any entities/persons, if separate from the viatical / life settlement provider, that perform tracking services for the provider for the purpose of monitoring the health status of viators or life settlers after the settlement contract has been signed by all necessary parties.

Name of tracking entity	Address	<input type="checkbox"/> Yes <input type="checkbox"/> No Registered?
Name of tracking entity	Address	<input type="checkbox"/> Yes <input type="checkbox"/> No Registered?
Name of tracking entity	Address	<input type="checkbox"/> Yes <input type="checkbox"/> No Registered?

G. Agent for Service of Process

AGENT FOR SERVICE OF PROCESS

THE STATE OF _____
COUNTY OF _____

§
§
§

KNOW ALL MEN BY THESE PRESENTS:

That _____ of
(name of provider, provider representative, or broker)
_____ does hereby nominate, constitute and appoint
(domiciliary city and state)
_____ located at _____,
(name of appointee) (address)
_____, Texas _____ the true and lawful AGENT of said applicant for the
(city) (zip code)

State of Texas, to acknowledge service of legal process issued by any court of the State of Texas for and on behalf of said applicant, or on whom service of such process may be had, according to the laws of said State of Texas; hereby waiving all claim or right of error by reason of such acknowledgment of such service of process, whether intermediate or final. And it is hereby admitted and agreed that such acknowledgment of service of process as aforesaid shall be taken and held to be as valid and sufficient in that behalf as if serviced upon the applicant according to the laws of said State of Texas, or any other state.

Witness our hands and the impress of the seal of said applicant, this _____ day of _____, _____.

(Corporate Seal)
(if applicable) _____
President (or authorized representative)

Secretary (or authorized representative)

THE STATE OF _____
COUNTY OF _____

§
§
§

Before me, _____, on this day personally appeared
(printed name of notary)
_____, both known to
(printed names of persons signing appointment)
me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and considerations therein expressed, in the capacities therein stated, and as the act and deed of said _____.
(name of provider, provider representative, or broker)

Given under my hand and seal of office this _____ day of _____, _____.
(Notary Seal)

(Notary Public Signature)
Notary Public, State of _____
My Commission Expires: _____

ACKNOWLEDGMENT AND ACCEPTANCE OF APPOINTMENT AS AGENT FOR SERVICE OF PROCESS

THE STATE OF _____
COUNTY OF _____

§
§
§

KNOW ALL MEN BY THESE PRESENTS:

That _____ of
(name of agent for service)

_____ does acknowledge and accept the
(address)
appointment as true and lawful agent for _____,
(name of provider, provider representative, or broker)

to acknowledge service of legal process issued for and on behalf of said provider, provider representative, or broker, or on whom service of such process may be had, according to the laws of said State of Texas; hereby waiving all claim or right of error by reason of such acknowledgment of such service of process, whether intermediate or final. And it is hereby admitted and agreed that such acknowledgment of service of process as aforesaid shall be taken and held to be as valid and sufficient in that behalf as if serviced upon the provider, provider representative, or broker according to the laws of said State of Texas, or any other state.

Witness my hand this _____ day of _____, _____.

Agent's Printed Name _____
Address _____

THE STATE OF _____
COUNTY OF _____

§
§
§

Before me, _____, on this day personally appeared
(printed name of notary)

_____, known to me to be the
(printed name of agent signing acknowledgment and acceptance)
person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed, in the capacities therein stated, and as the act and deed of said
_____.
(name of provider, provider representative, or broker)

Given under my hand and seal of office this _____ day of _____, _____.

(Notary Seal)

(Notary Public Signature)
Notary Public, State of _____
My Commission Expires: _____

H. Consent to Jurisdiction (to be completed only if applicant is not a Texas resident)

IRREVOCABLE CONSENT TO JURISDICTION OF THE COMMISSIONER OF INSURANCE AND TEXAS COURTS

THE STATE OF _____ §
COUNTY OF _____ § KNOW ALL MEN BY THESE PRESENTS:

That _____ of
(name of provider, provider representative, or broker)
_____ is filing herewith its application for
(domiciliary city and state)

a certificate of registration to operate as a [check appropriate box(es)] viatical / life settlement provider
 viatical / life settlement provider representative viatical / life settlement broker in the State of Texas, and its
Appointment of Agent for Service of Process;

That, upon issuance by the Commissioner of Insurance of said certificate of registration,
_____ shall consent to the jurisdiction of the
(name of provider, provider representative, or broker)
Commissioner of Insurance and all Texas courts in relation to any transactions or other activity subject to
regulation under Chapter 1111, Texas Insurance Code, Title 28, Chapter 3, Subchapter R, Texas Administrative
Code, and all other Texas statutes or regulations; and

That such consent to the jurisdiction of the Commissioner of Insurance and the Texas courts shall
be and remain irrevocable for as long as _____
(name of provider, provider representative, or broker)
possesses a certificate of registration from the Commissioner of Insurance or engages in the business of viatical /
life settlements in or from the State of Texas.

Witness our hands and the impress of the seal of said applicant, this _____ day of
_____, _____.

(Corporate Seal)
(If applicable)

President
(or authorized representative)

Secretary
(or authorized representative)

THE STATE OF _____ §
COUNTY OF _____ §

Before me, _____, on this day personally appeared
(printed name of notary)

_____, both known to
(printed names of persons signing consent)
me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that
they executed the same for the purposes and considerations therein expressed, in the capacities therein stated,
and as the act and deed of said _____.
(name of provider, provider representative, or broker)

Given under my hand and seal of office this the _____ day of _____, _____.

(Notary Seal)

(Notary Public Signature)

Notary Public State of _____
My Commission Expires: _____

I. Notice of Exclusive Representation (to be completed only if applicant is a Provider Representative)

NOTICE OF EXCLUSIVE REPRESENTATION

THE STATE OF _____

§
§
§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF _____

That _____
(name of provider representative)

is employed or contracted to exclusively represent _____
(name of the viatical / life settlement provider)

operating under _____
(certificate of registration number for the viatical / life settlement provider)

Witness my hand this _____ day of _____, _____.

Signature of an officer or an attorney for
the viatical / life settlement provider

Printed or typed name of the officer or attorney

Address

City, State, Zip Code

THE STATE OF _____

§
§
§

COUNTY OF _____

Before me, _____, on this day personally
(printed name of notary public)
appeared _____, known
(printed name of the officer or attorney signing the notice of exclusive representation)

to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed and as the act and deed of said

(name of viatical / life settlement provider)

Given under my hand and seal of office this _____ day of _____, _____.

(Notary Seal)

(Notary Public Signature)
Notary Public, State of _____

My Commission Expires: _____

J. All Applicants Must Read and Execute Below

I hereby certify that I have personally and completely answered each of the questions, that I have attached to this application all information requested herein, and that the answers are true and correct to the best of my knowledge and belief. I further certify that I have read the provisions of the *Texas Insurance Code* and the regulations promulgated by the Texas Department of Insurance, which relate to the issuance of the registration for which I am applying and the grounds under which such registration may be denied, suspended, revoked or non-renewed. I acknowledge and understand that the applicant has the duty to inform the Commissioner of Insurance, in writing, within thirty (30) days of any initiation of disciplinary action taken against it in this state, any other state, or by the federal government. I further acknowledge that the applicant has the duty to update the information contained on this application including, but not limited to, a change in address or key personnel, and that failure to do so may constitute grounds for an enforcement action. I acknowledge that the applicant has the duty to provide 60 days prior notice of any intent to non-renew a certificate of registration.

I have attached all required fingerprint cards. I understand that fingerprints provided with this application will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

Yes No Previously Submitted

Signature of Individual Owner/President/Partner

Full Legal Name of Individual Owner/President/Partner (print or type)

The State of _____ §

County of _____ §

Before me, _____, on this day personally appeared
(printed name of notary public)

_____, known to me or proved to me on the oath of
(printed full legal name of applicant)

_____ or through _____
(printed name of witness known to notary public) (description of identity card or other document)

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D.
_____.

(Notary Seal)

(Notary Public Signature)

Notary Public, State of _____

My Commission Expires: _____

Instructions

Application for Viatical / Life Settlement Registration or Renewal or Notification of a Change of Information or Non-renewal of a Certificate of Registration

Your application will not be processed unless all required information is given. **Fingerprint Cards are required to be submitted** with the initial application. If not provided at that time, fingerprint cards are required at renewal. To obtain the required fingerprint cards, submit a request to the address shown at the top of page 1 of this application.

This application is to be used by an applicant that intends to engage in the business of viatical / life settlements pursuant to the provisions of *Texas Insurance Code*, Chapter 1111, and 28 TAC §3.1701 et seq., for both initial and renewal application for a certificate of registration. This application is also to be used to provide notification of a change to the information currently on file with the Department or of the intent to non-renew a certificate of registration.

Check all boxes that apply, and include the proper fee, if applicable. **All signatures required on this application must be in ink.** Failure to include the proper fee, fingerprint cards, or to check the appropriate box(es), could lead to a delay in processing or denial of the application.

A. Purpose of Application

1. Application for Certificate of Registration

- **Initial application – Check this box if you are not currently registered** to conduct viatical / life settlements in Texas **and** this is your first application for the type of registration you are seeking. Complete only one application in its entirety. **(Note: Fingerprint cards must be attached for any personnel listed in B.8 on page 2 and any person with a 10% or more ownership interest listed in B.9 on page 3.)**
- **Renewal application – Check this box if you are currently registered and wish to renew your registration.** Complete only applicable items in A, B.1, and J on pages 1, 2, and 10, and any other items in the application which have changed since your initial application and subsequent changes. If you are domiciled in another state, complete items G₇ and H on pages 6, 7 and 8.

(Note: Your registration number must be provided in A.3 on page 1 and fingerprint cards must be provided for any persons listed in B.8 or B.9 who have not previously submitted a fingerprint card.)

- **For applicants registering as viatical / life settlement brokers in Texas,** check this box. A broker is deemed to be a person who represents a viator, life settlor, or owner and on their behalf offers or attempts to negotiate a settlement through several providers to obtain the best offer or sale price for the viator, life settlor, or owner. A broker is not affiliated, employed, or contracted exclusively with or by any one provider.
- **For applicants registering as viatical / life settlement providers in Texas,** check this box.
- **For applicants registering as viatical / life settlement provider representatives in Texas,** check this box. All provider representatives must attach a completed and notarized notice of exclusive representation (located in section I on page 9) to be signed by the provider they exclusively represent. A provider representative is deemed to be a person who is affiliated, employed, or contracted exclusively with one provider and represents the provider when offering or negotiating a settlement with a viator, life settlor, or owner. You may not be both a provider representative and a broker.

2. Notification of a Change of Information or Non-renewal/Surrender of a Certificate of Registration.

Check the box(es) that reflects the type of notification being submitted to the department.

- **Change of Information.** Check this box if you are submitting a change of information. Complete only the portions of the application where you are making changes and complete the certification in section J on page 10. Submit a copy of the first page of your most recent application and pages of this application containing the portions where you are making changes, along with a cover letter, to the address shown on page 1. Applicants who submit changes of information to items in B.1 must also submit a certified copy of their amended articles of incorporation whenever the change of information has necessitated a change in such articles.

- **Non-renewal/Surrender of a Certificate of Registration.** Check this box if you are providing at least 60-days notice of an intent to non-renew or surrender a certificate of registration. Applicants who submit notification of an intent to non-renew/surrender a certificate of registration must check the appropriate boxes to indicate the type of registration that is being non-renewed by checking, whether or not all settlement contracts have matured, and if applicable, the type of action that will be taken pursuant to 28 TAC §3.1704.
3. **Registration number, if applicable.** Insert your registration number if you currently hold a Certificate of Registration for Viatical / Life Settlement business in Texas.
 4. **Texas General Life, Accident and Health License Number, if applicable.** Insert your Texas General Life, Accident and Health License Number if you currently are licensed to write life insurance in Texas. If you have provided a fingerprint card to the department in conjunction with your General Life, Accident and Health license, you need not resubmit another fingerprint card with this application if you indicate in section J that the fingerprint card was previously submitted.

Each application fee covers a two-year registration period (\$500 for provider registration, \$250 for broker, and \$250 for provider representatives). Make check or money order payable to the Texas Department of Insurance. **All fees are non-refundable and non-transferable.** Mail the completed application, with applicable attachment(s) and fee(s), to the address shown at the top of page 1 of this application.

The viatical / life settlement registration will be issued to the individual or entity named in Section B.1.

B. Demographic Information

1. **Full Legal Name of Applicant.** Provide the full legal name of the individual or entity that will be conducting business under the viatical / life settlement registration. The applicant may be an individual, corporation, partnership, etc.
2. **Organizational Information.** Check the appropriate space for the applicant. If "other," please specify. Any corporation or partnership applying for a certificate of registration must submit a current copy of its certificate of existence as a registered corporation or partnership from the Texas Secretary of State.
3. **Business or Assumed Name.** If the viatical / life settlement business is or will be conducted in a name other than your full legal name, provide the business or assumed name. A copy of an assumed name certificate filed with the County Clerk's office of the county in which the assumed name is utilized must be submitted with this application if any of the following apply:
 - a. in the case of an individual, the assumed name does not include the surname of the individual;
 - b. in the case of a partnership, the assumed name does not include the surname or other legal name of each partner;
 - c. in the case of an individual or a partnership, the assumed name includes a surname that suggests the existence of additional owners by including words such as "Company," "& Company," "& Son," "& Sons," "& Associates," "Brothers" and the like, but not words that merely describe the business or professional service being conducted or rendered; and
 - d. in the case of a corporation, the assumed name includes any name other than the name stated in its articles of incorporation. A corporation may file a copy of an assumed name certificate that has been filed with the Texas Secretary of State rather than the County Clerk. Only one business or assumed name may be entered in this section of the application. Additional assumed names should be provided under Section D.

In addition, any corporation or partnership registering a business or assumed name will need to submit a certificate of existence and a certificate of fact of assumed name from the Texas Secretary of State.

4. **Federal Employer Identification Number (F.E.I. Number) or if individual applicant, Social Security Number.** Provide your Federal Employer I.D. Number (a.k.a. Tax I.D. Number). If individual applicant, provide your social security number and date of birth. Disclosure of your social security number is required by the *Texas Family Code* §231.302(1997). It will be maintained in your registration file.
5. **Official Mailing Address.** Enter applicant's mailing address. This is the address of record to which the certificate of registration, correspondence, forms, notices, and other information will be sent. This address can be either a P.O. Box or a street address. This same official mailing address must be used for all registered businesses or assumed names for this applicant.

6. **Business Address.** Enter the physical location or street address of the business or office location where viatical / life settlement business will be conducted. **A P.O. Box address will not be accepted.**

Non-resident applicant. If the applicant is domiciled in another state which licenses or registers persons engaged in the business of viatical / life settlements, the applicant must attach a current copy of a letter of good standing from the regulatory body that issues viatical / life settlement licenses or registrations, or must attach a copy of the applicant's current license or registration issued by the state of domicile. If the applicant's state of domicile does not license or register such persons, the applicant must obtain a current copy of a letter of good standing from the secretary of state or other regulatory body in the applicant's state of domicile which maintains records relating to incorporation.

7. **Daytime Phone Number and E-Mail Address.** Please fill in the area code and telephone number where the individual owner, or an officer or partner of the applicant can be reached between 8 a.m. and 5 p.m. In addition, please provide an e-mail address, if applicable.
8. **List personnel.** Identify the applicant, if an individual. If the applicant is an organization, identify the applicant's officers, directors, key management personnel, or anyone else who has authority to direct the management of the organization. Provide each individual's address, date of birth, job title and responsibilities, and social security number.
9. **List Ownership Interest.** List all persons who have a beneficial interest or ownership of 10% or greater of the applicant or the applicant's stock. For each person, specify the individual or entity's name, address, date of birth, social security number, and percentage of ownership of the applicant or applicant's stock. Where the 10% or greater interest or ownership is held by another company, persons with interest or ownership of 10% or greater must also be provided.

C. Screening Questions

This section must be completed by all applicants. If this section is not completed, your application will be rejected. The questions listed in this section concern your eligibility to be registered in Texas. If you answer "Yes," to any question in 1–6, you must submit full information with dates and complete details on a separate sheet of paper. **Application processing will be suspended until the details are received and a review is completed.**

1. If you answer "Yes," you must include a certified copy of the indictment or charging document, conviction, judgement, and conditions of probation from the appropriate jurisdiction, for each and every crime or offense.
2. If you answer "Yes," you must provide complete details of the administrative or legal action.
3. If you answer "Yes," you must provide full and complete details of any charges of irregularities, financial insolvency, or bankruptcy.
4. If you answer "Yes," you must provide a copy of your current license and the reason any license(s) previously held are no longer active.
5. If you answer "Yes," you must provide a list of all types of licenses and/or registrations and years held on a separate sheet of paper.
6. If you answer "Yes," you must provide a copy of your current license or registration and an explanation regarding any license or registration held but no longer active.
7. If you answer "No," a registration **will not** be issued.
8. If you answer "No," a registration **will not** be issued.

D. Additional Information

If the applicant has additional offices and/or assumed names, attach a list of all locations for all additional offices, and show any assumed names used at each location, along with a copy of each valid assumed name certificate. See Section B.3 on Page 12 for more information.

E. Escrow or Trust Information

If the applicant is a viatical or life settlement provider and utilizes or intends to utilize escrow agents or trusts, list the name and address of the licensed financial institution where the applicant has established an escrow and/or trust account and provide the name(s), professional title(s), and address(es) of the escrow agent and/or trustee.

F. Tracking Information

If the applicant is a viatical or life settlement provider, the applicant must list the name and address of each entity that performs tracking services to monitor the health status of viators or life settlers after the settlement has been effectuated. Check the appropriate box to indicate whether the entity performing such a service is properly registered in this state.

G. Service of Process

If the applicant is not a Texas resident, complete and execute the form for Agent for Service of Process on Page 6. This form must be acknowledged before a notary.

The agent for service of process must be an entity with a Texas address who has an established place of business in Texas and who can be easily located and served with notices, legal process, and papers. The Acknowledgment and Acceptance of Appointment as Agent for Service of Process on Page 7 must be completed and executed by the appointed entity and must be acknowledged before a notary.

If the applicant is not a resident of Texas and **both** forms are not completed and included with your application for registration, a certificate of registration **will not** be issued.

H. Irrevocable Consent to Jurisdiction of the Commissioner of Insurance and Texas Courts

If the applicant is not a resident of Texas, complete and execute forms for Irrevocable Consent to the Jurisdiction of the Commissioner of Insurance and the Texas Courts on Page 8. This form must be acknowledged before a notary. If the applicant is not a Texas resident and this form is not included with the application for registration, a certificate of registration **will not** be issued.

I. Notice of Exclusive Representation

If the application is for registration as a Provider Representative, the applicant must have the provider whom the applicant intends to exclusively represent (by contract or employment) complete the Notice of Exclusive Representation found on Page 9. This form must be acknowledged before a notary.

J. All Applicants Must Read and Execute Below

Carefully read this section. A registration application may be denied or a certificate of registration revoked if you give a false answer to any question on this application. This form must be acknowledged before a notary.