



7. Principal Viatical Settlement Business Address \_\_\_\_\_

8. What state are you domiciled in? \_\_\_\_\_

9. Has the applicant, partner, directors, or officers ever had a Viatical Settlement Broker or insurance license refused, revoked, suspended, or terminated by any insurance department? Yes ( ) No ( )  
If yes, give details on a separate sheet, attach any order and label it Question 9.

10. Have the Authorities of any state ever called the applicant or any of its employee(s), directors, or officers before them for any alleged violation(s) of insurance laws on any allegations fraudulent or dishonest practices? Title 365:25-11-3 Yes ( ) No ( )  
If yes, give details on a separate sheet, attach any order issued and label it Question 10.

11. Has the applicant or any of its employee(s), directors, or officers ever entered a consent order with any state insurance authority? Title 365:25-11-3 Yes ( ) No ( )  
If yes, give details on a separate sheet, attach any order and label it Question 11.

12. Has the applicant or partner, directors, or officers ever been found guilty of fraudulent or dishonest practices, has been found guilty of a felony or any misdemeanor of which criminal fraud is an element, or is otherwise shown to be untrustworthy or incompetent? Title 365:25-11-3 Yes ( ) No ( )  
If yes, give details on a separate sheet, attach any order and label it Question 12.

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Pursuant to Rule 365:25-11-4 - A person shall be deemed to meet the licensing requirements of this section and of the Viatical Settlement Act, 36 O.S. § 4041, et seq., and shall be permitted to operate as a viatical settlement broker, as defined in Section 4042(2) of the Viatical Settlement Act, if that person is licensed as a resident or non-resident insurance producer with a life insurance line of authority pursuant to the Oklahoma Producer Licensing Act 36 O.S. §1435.1 et seq., for at least one year. Not later than thirty (30) days from the first day of operating as a viatical settlement broker, the producer shall notify the Insurance Department that he or she is acting as a viatical settlement broker on a form or in a manner that may be prescribed by the Insurance Department, and shall pay the fee as set out in this section. The notification shall include an acknowledgement by the producer that he or she will operate as a viatical settlement broker in accordance with the Viatical Settlement Act and this regulation.

I am an Oklahoma resident or non-resident insurance producer Yes ( ) No ( )

If yes, please complete the acknowledgement below.

I have read the above and I am hereby notifying the Oklahoma Insurance Department that I will operate as a Viatical Settlement Broker in accordance with the Viatical Settlement Act and this regulation 365:25-11-4.

The Date I began operating as Viatical Settlement Broker \_\_\_\_\_ Signature \_\_\_\_\_

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## LICENSE REQUIREMENTS

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Please attach the following:

Exhibit A Detailed Plan of Operation.

Exhibit B What markets do you intended to target? Geographic areas?

Exhibit C Who will produce business for the applicant and how will these persons be recruited, trained, and compensated?

Exhibit D What is the anticipated number of persons the applicants plans to have marketing its products or services?

Exhibit E What is the approximate total \$ amount of projected Oklahoma business over the next 5 years?

Exhibit F Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates.

Exhibit G Attach a list of all participants affiliated with this entity. The list is to include the name, social security number, residence address, position, signature, and % of ownership of all persons responsible for the conduct of affairs of the applicant. Include past work experience and educational background. Only those names listed on this application may act for the Broker.

Exhibit H Attach a list of all the States in which you are doing business or pending licensing in.

Exhibit I Attach a list of all the States in which you are currently licensed in.

Exhibit J Attach a list of all States in which you have been denied or canceled in.

Exhibit K If the applicant is a corporation, partnership or Limited Liability Corporation, please **attach a certified copy of Certificate of Incorporation from your home state and a copy of the Oklahoma Secretary of State's Certificate of Qualification.**

Exhibit L Enclose copies of contracts, applications forms and advertising materials intended to be used in the State of Oklahoma.

Exhibit M Explain applicant's procedures for keeping all medical information confidential.

Exhibit N Attach Anti – Fraud Plan.



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## DECLARATION

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Must be signed by each broker and employee working for broker. (Make additional copies of this page as needed.)

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief and have read and understand the following Statutes.

36 O.S. § 4046

Each licensee shall file with the Commissioner on or before March 1 of each year an annual statement containing such information as the Commissioner may prescribe by rule.

36 O.S. § 4047

- A. The Commissioner may, when the Commissioner deems it reasonably necessary to protect the interest of the public, examine the business and affairs of any licensee or applicant for a license. The Commissioner shall have the authority to order any licensee or applicant to produce any records, books, files, or other information reasonably necessary to ascertain whether or not the licensee or applicant is acting or has acted in violation of the law or otherwise contrary to the interests of the public. The expenses incurred in conducting any examination shall be paid by the licensee or applicant.
- B. Names and individual identification data for all Viators shall be considered confidential information and shall not be disclosed by the Commissioner, unless required by law.
- C. Records of all transactions of Viatical settlement contracts shall be maintained by the licensee and shall be available to the Commissioner for inspection during reasonable business hours.

\_\_\_\_\_  
Signature

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Date

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Printed Name and Title

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