



Office of Insurance Regulation
Company Admissions

APPLICATION FOR VIATICAL SETTLEMENT PROVIDER

The Office receives applications electronically. Please submit your application at <http://www.floir.com/iportal>, using the i-Apply link to Online Company Admissions.

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<http://www.floir.com/iportal>

and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select "Form & Rate Filing Assembly and Submission" to begin the submission of forms and/or rates.

Any questions concerning this application package may be directed to the Application Coordinator at appcoord@floir.com. For iApply only questions, contact the Application Coordinator at iapply@floir.com

In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS
SECTION I - APPLICATION FEE AND FORM**

Section I-1 Application Fee

The application filing fee is \$500. Please attach your check to the enclosed invoice and mail it to:

Florida Department of Financial Services
Bureau of Financial Services
Post Office Box 6100
Tallahassee, Florida 32314-6100

Place a photocopy of the invoice and check in this section.

Section I-2 Fingerprint Processing Fee

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. Please see form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

Place a copy of your on-line payment confirmation along with the fingerprint cards in the management section (IV-5).

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see form OIR-C1-938 for instructions.

NOTE: Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.

Section I-3 Application for License to Conduct Business as a Viatical Settlement Provider in the State of Florida.

The application must be under oath and signed by the applicant. If the applicant is a corporation, an original signature under oath by the company's president and secretary must appear on this form.

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS
SECTION II - LEGAL**

Section II-1 Organizational Documents

If the applicant is a corporation, include the applicant's Articles of Incorporation and all amendments. The certification letter must be an original. The corporation must be organized under the laws of this state or under the laws of any state, district, territory or commonwealth of the United States other than this state. If the applicant is not a corporation, include the articles of association, partnership agreement, trust agreement, or other similar organizational documents, together with all amendments to such documents.

Section II-2 Certificate of Status from State of Domicile

A certificate of status is a document issued by the applicant's state of domicile public records custodian for corporate records, generally the Secretary of State. The certificate documents that the company is duly organized and that all state taxes and fees have been paid. The certificate must show good standing, be sealed by the state, and be a recently prepared original document, not a copy.

Section II-3 Company Bylaws or Similar Documents

Please submit a copy of all of the company's current bylaws, rules, regulations, or similar documents regulating the conduct of the applicant's internal affairs. Corporate bylaws must be sealed, signed, and dated by the Secretary of the company. NO signatures other than the Secretary's will be accepted. The Secretary's statement must also be recently dated.

Section II-4 Service of Process Consent and Agreement

A Service of Process Consent and Agreement form is attached. NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

Section II-5 Certificate of Status from Florida Secretary of State

All foreign corporations are required to secure, through the office of the Florida Secretary of State, a charter to do business in Florida. An Application by Foreign Corporation for Authorization to Transact Business in Florida form is enclosed. This form must be completed in its entirety and filed with the Florida Secretary of State's Office.

If you have any questions concerning filing with the Florida Secretary of State, please contact their Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of Insurance Regulation as part of your viatical settlement provider application as proof of your filing with the Secretary of State as a foreign corporation.

Important Note: The Secretary of State will issue a charter to a company before the Office of Insurance Regulation completes its processing of an application for a certificate of authority. This charter authorizes the company to engage in any type of business except insurance. **Your company MAY NOT engage in the business of a viatical settlement provider in Florida until it has been issued a viatical settlement provider license by the Director of Insurance Regulation.**

Section II-6 Fictitious Name Filing

If the applicant plans to utilize a fictitious name, provide documentation of your compliance with the fictitious name statutes of this state. Contact the Florida Secretary of State at the following telephone number for assistance in complying with these requirements (850) 488-9000.

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS
SECTION III - FINANCIAL**

Section III-1 Detailed Plan of Operations

The Office must have a clear understanding of the present and proposed operations of the applicant. Please provide a detailed narrative of the applicant's plan of operations including but not limited to the following information:

A. History

1. A brief history of the company since its incorporation.
2. A list of all states in which the applicant is licensed as a viatical settlement provider and the dates licensure was obtained. Also, identify all states in which you are currently doing business, but a license is not required.
3. Complete information concerning any litigation brought in connection with the business of viatical settlements, or any other administrative, civil or criminal action in which the applicant has been named as a defendant or co-defendant.

B. Marketing Plan

1. A detailed description of the company's marketing plan.
2. Projected volume of business in Florida and nationwide for the first three years after licensure.
3. A statement indicating whether the viatical settlement business is or will be the company's primary or sole business in Florida.

C. A detailed description of the experience, training, or education that qualifies the applicant to conduct the business authorized by the license applied for.

D. Any other information the company deems pertinent to its business that will help the Office make a determination as to whether the applicant is competent, trustworthy, and can lawfully and successfully act as a viatical settlement provider in the state of Florida.

Section III-2 Deposit Requirement (MUST BE MET AT TIME OF APPLICATION)

\$100,000 in securities eligible for deposit under S. 625.52, F.S.

Section III-3 Financial Information

- A. Amount and source of funds to be used in fulfilling the payment terms of viatical settlement contracts as projected in the marketing plan. If the applicant intends to utilize a “special purpose entity” or “financing entity” as defined in Section 626.9911(13) & (14), F.S., include the name, address, contact person and a copy of any agreements between the applicant and such entity.
- B. Provide the name and address of any person used or to be used to provide independent third-party escrow services pursuant to a viatical settlement contract, together with a sample copy of the trust or escrow agreement used or to be used between the Florida licensed provider and the escrow agent.
- C. Identify any related provider trust, if applicable, and include a copy of the organizational documents for the trust as well as copies of all forms the trust will utilize in transacting the business for which the applicant seeks licensure.

Section III-4 Location of Books and Records and Florida Offices

Provide the address of the applicant's home office where all records are maintained, all branches operating in Florida, and the location of any single storage facility where books or records pertaining to the business of the applicant are or will be stored.

SECTION III-5 Anti-Fraud Plan

Provide two copies of the anti-fraud plan required by Section 626.99278, F.S. One copy to be forwarded to the Division of Insurance Fraud and the other retained to support your application.

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS
SECTION IV - MANAGEMENT**

ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.

Section IV-1 List of All Officers, Directors and Shareholders

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.

Section IV-2 Biographical Statement and Affidavits as to All Company Officers, Directors and Shareholders

Provide a biographical affidavit (Form OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the Social Security Number on the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

Section IV-3 Investigative Background Reports

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to form OIR-C1-905 for instructions.

Section IV-4 Fingerprint Cards

Fingerprint cards must be completed for each person listed in Section IV-1. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS
SECTION V - FORMS**

The Viatical Settlement Act requires that all applications, viatical settlement contract forms, viatical settlement purchase agreement forms, escrow agreements and other related forms proposed to be used by the applicant be filed with the Office. All such forms must be approved by the Office prior to use. Therefore, please place all forms (**3 COPIES OF EACH FORM**) in this section, including but not limited to the following:

SECTION V-1 Forms - 3 copies of each

- A. Application for Viatical Settlement Provider License
- B. Viatical Settlement Contract
- C. Escrow Agreements
- D. Viatical Purchase Agreement
- E. Other related forms.

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST
SECTION I - APPLICATION FEE AND FORM**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1.	Viatical settlement provider application fee paid <input type="checkbox"/>
a.	Copy of invoice included <input type="checkbox"/>
b.	Copy of check included <input type="checkbox"/>
c.	Original invoice (Official Form) and check mailed to Florida Department of Financial Services <input type="checkbox"/>
2.	Fingerprint fees paid electronically..... <input type="checkbox"/>
a.	Copy of on-line payment conformation <input type="checkbox"/>
	Or, if applicable
b.	Copy of form OIR-C1-903 (Invoice) included <input type="checkbox"/>
c.	Copy of check included <input type="checkbox"/>
d.	Originals mailed to bureau of Financial Services <input type="checkbox"/>
3.	Company completed application for license (Official Form) <input type="checkbox"/>
a.	All blanks completed <input type="checkbox"/>
b.	Sealed by company (as applicable) <input type="checkbox"/>
c.	Signed by president and secretary (original signatures) <input type="checkbox"/>
d.	Notarized (Original signature) <input type="checkbox"/>

RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE.

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST
SECTION II - LEGAL**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Organizational Documents	
a. Articles of Incorporation	<input type="checkbox"/>
(1) Original certification by state of domicile	<input type="checkbox"/>
(2) Articles with all amendments attached	<input type="checkbox"/>
b. Articles of Association	<input type="checkbox"/>
c. Partnership Agreement	<input type="checkbox"/>
d. Trust Agreement	<input type="checkbox"/>
e. Other	<input type="checkbox"/>
2. Certificate of Status from state of domicile	<input type="checkbox"/>
a. Good standing indicated	<input type="checkbox"/>
b. Sealed by state	<input type="checkbox"/>
c. Signed by proper public official	<input type="checkbox"/>
d. Original	<input type="checkbox"/>
3. Company Bylaws (or similar documents)	<input type="checkbox"/>
a. Signed and dated by corporate secretary	<input type="checkbox"/>
b. Corporate seal (as applicable)	<input type="checkbox"/>
4. Consent and Agreement in re Service of Process (Official form)	<input type="checkbox"/>
a. Signed and dated by	<input type="checkbox"/>

- (1) President or Chief Executive Officer
- (2) Secretary
- b. Sealed by company (corporate seal)
- c. Original with all blanks completed
- 5. Original Certificate of Status from Florida Secretary of State (Foreign Corporations Only)
- 6. Original Fictitious Name Certificate (if applicable)

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST
SECTION III - FINANCIAL**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Plan of Operations	<input type="checkbox"/>
a. History	<input type="checkbox"/>
(1) Brief history of the company	<input type="checkbox"/>
(2) List all states where applicant is licensed	<input type="checkbox"/>
(3) Information re litigation connected with viatical settlement business or other actions where applicant is/was defendant	<input type="checkbox"/>
b. Marketing plan	
(1) Description of marketing plan	<input type="checkbox"/>
(2) 3-year volume projection Florida/nationwide	<input type="checkbox"/>
(3) Statement re primary or sole business	<input type="checkbox"/>
c. Description of qualifying experience	<input type="checkbox"/>
d. Additional information	<input type="checkbox"/>
2. Deposit Requirements	<input type="checkbox"/>
\$100,000 Deposit	<input type="checkbox"/>
3. Financial Information	
a. Amount and source of funds to meet planned projections identified	<input type="checkbox"/>
b. "Special purpose entity" or "financing entity" identified:	<input type="checkbox"/>

- 1) Name, address and contact person identified:
- 2) Copy of agreement between applicant and entity.....
- c. Third-party escrow agent(s)/trustee(s) information
- d. "Related provider trust" identified
 - (1) Copy of organizational documents.....
 - (2) Copies of all forms utilized in transacting business for which licensure are sought:
- e. Related provider trust documents, resolution and forms (if applicable).....
- 4) Location of applicant's home office, offices within Florida, and any single storage facility
- 5) Two copies of the anti-fraud plan required by Section 626.99278, F.S.
 - a. Copy forwarded to Division of Insurer Fraud

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST
SECTION IV - MANAGEMENT**

Company Name: _____

- | <u>Item #</u> | <u>Company
Check List</u> |
|--|-------------------------------|
| 1. Listing of officers, directors, controlling individuals, and shareholders..... | <input type="checkbox"/> |
| a. Separate listing of all officers, directors, controlling individuals,
and shareholders including percentage held and number and
class of shares for the company and its parents and/or holding
companies (Official Form) | <input type="checkbox"/> |
| b. If parent company indicated, organization chart | <input type="checkbox"/> |
| c. Full names and titles listed (including full middle name or indication
if one does not exist)..... | <input type="checkbox"/> |
| 2. Biographical Statement and Affidavit for each individual listed in
Section IV-1 (Official Form) | <input type="checkbox"/> |
| For each form: | |
| a. All blanks completed | <input type="checkbox"/> |
| b. Contains original signature | <input type="checkbox"/> |
| c. Notarized (original) | <input type="checkbox"/> |
| d. Full name given (including full middle name or indication if
one does not exist) | <input type="checkbox"/> |
| e. Submitted original of each affidavit | <input type="checkbox"/> |
| f. Provide Social Security Number on separate page | <input type="checkbox"/> |

3. Investigative Background Report for each individual listed in Section IV-1

4. Fingerprint Cards enclosed for each individual listed in Section IV-1

For each card:

a. Card obtained from the Office of Insurance Regulation

b. Card contains original signature

c. No erasures on or alteration of card

d. All blanks completed

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST
SECTION V - FORMS**

Company Name: _____

<u>Item #</u>	<u>Company Check List</u>
1. Forms	
a. Application for Viatical Settlement Provider License - 3 copies	<input type="checkbox"/>
b. Viatical Settlement Contract - 3 copies	<input type="checkbox"/>
c. Escrow Agreements – 3 copies	<input type="checkbox"/>
d. Viatical Settlement Purchase Agreements – 3 copies	<input type="checkbox"/>
e. Other Related Forms - 3 copies of each form (Please list):	
.....	<input type="checkbox"/>

*Upon approval of the application, the licensee must submit all forms for review and approval as set forth in the attached filing instructions for viatical forms.

**APPLICATION FOR LICENSE
VIATICAL SETTLEMENT PROVIDER**

CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by _____ that he/she has read said

(Entity Name)

application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated _____

(Give full and exact name of Applicant)

Signature of President, Secretary, or Treasurer

Printed Name

Printed Title

INSTRUCTIONS FOR MAKING REQUIRED DEPOSIT VIATICAL SETTLEMENT PROVIDER

Securities eligible for deposit must be of the type as required, pursuant to Section, 625.52, Florida Statutes.

Certificate of Deposit MUST be issued by Florida solvent bank that has entered into a CD Agreement with the Office.

We require that all bonds accepted for deposit be of the top four ratings (AAA, AA, A, BAA) Moody's and/or Standard and Poors. The Company must provide this office with the MARKET VALUE and RATING of the securities sent for deposit. This information should come from a reputable brokerage firm. If the securities are a new purchase, you may send a copy of the purchase invoice providing market value and have your broker supply the rating.

You may send registered or negotiable securities. Registered securities and Certificate of Deposit must be registered in the following manner:

“DIRECTOR OF INSURANCE REGULATION OF FLORIDA IN TRUST FOR “(name of entity)”.

Registration should read for the account of the company doing business in Florida (full legal name of Viatical Settlement Provider including d/b/a). The Bureau of Collateral Management must authorize any abbreviations or alterations in this registration.

Interest earned on registered securities will be sent directly to any address designated by the company. On company letterhead, the company must provide the designated address for the Bureau of Collateral Management.

Coupons on negotiable securities are serviced by the Bureau of Collateral Management and are delivered to any address designated by the Company. Again, the Bureau of Collateral Management must be notified of the designated address.

Securities may be substituted at any chosen time. However, the replacement securities must be in this office before we will release those you wish to exchange.

The address and phone number for the Bureau of Collateral Management is:

Department of Financial Services
Bureau of Collateral Management
Capitol Building, Room P-3
Tallahassee, Florida 32399-0345
(850) 413-3167

**APPLICATION FOR LICENSE TO CONDUCT BUSINESS
IN THE STATE OF FLORIDA
VIATICAL SETTLEMENT PROVIDER**

_____, 20____

TO THE DIRECTOR OF INSURANCE REGULATION,
TALLAHASSEE, FLORIDA

Sir: The _____
(Give name of company or association in full)

Federal Employer Identification Number: _____

Of _____
(Home Office Address) (City) State (Zip)

Telephone: () _____ Fax: () _____

E-Mail Address: _____

Through its duly authorized officers, hereby applies for a license authorizing and empowering the company or association aforesaid to act as a viatical settlement provider in the State of Florida, under the laws thereof, and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By: _____
President or Chief Executive Officer

(Corporate Seal)

Attest: _____
Secretary

Sworn to and subscribed before me this
____ day of _____, 20____

Notary Public

Name of attorney or principal filing this application:

_____ Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

INVOICE

**VIATICAL SETTLEMENT PROVIDER
PAYMENT OF APPLICATION FEE**

NAME OF COMPANY: _____

FEIN #: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

Address (IF DIFFERENT FROM ANY ADDRESS)

PHONE NUMBER: _____

It is necessary for you to return this form with the fee payment.

PLEASE NOTE:

- 1. Only mail the application fee (make check payable to the Florida Department of Financial Services) and the invoice to: Department of Financial Services, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.**
- 2. Send a copy of the check and a copy of the invoice along with the complete application package to: Office of Insurance Regulation, Applications Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.**

RECEIPT NUMBER	F/T	AMOUNT	TYPE	CLASS	B/T
	L	\$500.00	12	16	C
