



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 |

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

Original Designation Insurer Name Change Merger / Acquisition Update Delivery Information

Insurer or Company Name: _____

Previous Name (If applicable): _____

Home Office Address: _____

City, State, Zip _____

FEI # _____

FL Company Code _____

Telephone # _____

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person
to receive process:** _____

E-Mail Address: _____

Phone#: _____ **Fax#:** _____

Mailing Address: _____

Street Address: _____

Signature: _____

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the _____ day of _____, A.D. _____.

President or CEO's Signature

President or CEO's Name(Typed or Printed)

Secretary's Signature

Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.

SEAL

OIR-C1-144
Rev 06/2004



Office of Insurance Regulation
Company Admissions

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package.
2. Please refer to the NAIC website at http://www.naic.org/documents/industry_ucaa_third_party.pdf "Third Party Vendors for Background Reports", for specific information regarding background investigation vendors.
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will transmit investigative reports electronically to the Florida Office of Insurance Regulation ("Office") to this e-mail address: bkgrnd-inv@flor.com in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Any questions regarding this process may be directed to the Office at appcoord@flor.com



Office of Insurance Regulation
Company Admissions

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

LiveScan (available to Florida Residents):

Applicants must pay online for processing of electronic fingerprints and make appointment for electronic fingerprinting. To begin the process, access MorphoTrustUSA

- Select English or Spanish to continue
- Enter First Name and Last Name
- Select “Continue”
- Enter Zip Code to determine closest fingerprint location or Choose “Region” and select “Go”
- Schedule Appointment
- Enter Applicant Information and select “Send Information”
- Verify and Select “Go”
- Select “Method of Payment” and “Send Payment Information”
- Select “Continue to US Bank E-Pay”
- Retain copy of payment confirmation

Paper Card* (available to Florida Residents and Non-Residents):

Applicants must pay online for processing fingerprint cards. To begin the process, access MorphoTrustUSA

- Select English or Spanish to continue
- Enter First Name and Last Name and select “Go”
- Select “Non-Resident Card Submission” (Non-Residents and Florida Residents not utilizing LiveScan)
- Select “No Cards”
- Enter Applicant Information and select “Send Information”. If Applicant does not have a Social Security Number, enter “123-12-1234” in the required SSN field
- Verify and Select “Go”
- Select “Method of Payment” and “Send Payment Information”
- Select “Continue to US Bank E-Pay”
- Retain copy of payment confirmation
- Mail completed cards with a cover letter to: Florida Office of Insurance Regulation
Company Admissions
200 East Gaines Street
Tallahassee, Florida 32399-0332

Applicants may contact MorphoTrust USA’s toll free registration center at 1-800-528-1358 regarding payment and/or appointment issues.

*Applicants must use fingerprint cards provided by the Office. Applicants must provide **two** completed cards per person. Blank fingerprint cards may be requested by emailing appcoord@flor.com or calling 850-413-2575.

Payment confirmations will be a required component in the electronic application submitted via iApply.

Questions may be emailed to appcoord@flor.com.

CONFIDENTIAL

Pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07, Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: _____

Applicant's Social Security Number: _____

The requirement for the applicant's social security is mandatory.

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. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

CONFIDENTIAL



OFFICE OF INSURANCE REGULATION

Company Admissions

Notice of Intent to use a Related Provider Trust

Provider/Applicant Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Fax Number: _____

Licensed Viatical Settlement Provider # _____ Applicant

Viatical Settlement Provider

Know all men by these present, that the Provider or Applicant named above hereby gives notice to the Office of Insurance Regulation of its intent to use a Related Provider Trust, as defined in § 626.9911(7) of the Florida Statutes.

The Provider or Applicant does hereby represent that the Related Provider Trust named below, established by the Provider or Applicant pursuant to the attached Trust Agreement, is being or has been established as a Related Provider Trust as defined by § 626.9911(7), F.S., for the sole purpose of entering into or owning viatical settlement contracts. The Related Provider Trust is subject to all provisions of the Viatical Settlement Act that apply to viatical settlement providers except §626.9912, F.S. and shall be the only Related Provider Trust established by the Provider or Applicant.

The Provider or Applicant further represents that it understands it is liable and responsible for the performance of all obligations of the Related Provider Trust established by it, and is also responsible for compliance by the Related Provider Trust with all provisions of the Viatical Settlement Act. Further, the Provider or Applicant acknowledges that it accepts responsibility for any violation of the Act by the Related Provider Trust as if it is a violation of the Act by the Provider or Applicant.

Related Provider Trust Name: _____

Trustee Name: _____

Trustee Contact: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of the provider or applicant, being duly authorized by the Board of Directors or governing body of said entity to execute this document, have hereunto set our hands and affixed the seal of said entity on this the _____ day of _____, 20____, A.D.

President or CEO's Signature

Secretary's Signature

President or CEO (Typed or Printed)
Seal

Secretary (Typed or Printed)

Signatures must be validated by the attachment of a resolution of the Board of Directors or Governing body authorizing the establishment of a Related Provider Trust and Execution of this document.



OFFICE OF INSURANCE REGULATION

Company Admissions

**MANAGEMENT INFORMATION FORM
COMPLETE LIST OF OFFICERS,
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**COMPANY
NAME:** _____

OFFICERS:

TITLES:

OWNERSHIP PERCENTAGE:

DIRECTORS:

SHAREHOLDERS:

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: _____ Middle: _____ Last: _____

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____

Business Email: _____

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|-------------------|-------------------------------|------------------------|
| _____ | _____ | _____ | _____ |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| _____ | _____ | _____ | _____ |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| | | | |
| | | | |
| | | | |

7. Present or proposed position with the Applicant Company: _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

If any of the stock is pledged or hypothecated in any way, give details. _____

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. Affiant's Full Name (Initials Not Acceptable): First:_____ Middle:_____ Last:_____
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending Date(s) Used (MM/YY)</u> | <u>Name(s) Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____

4. Government Identification Number if not a U.S. Citizen: _____

5. Foreign Student ID# (if applicable) : _____

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: _____

7. Name of Affiant's Spouse (if applicable) : _____

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/ Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---|----------------|-------------|----------------------------|----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this ____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20 by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires