



Office of Insurance Regulation
Company Admissions

APPLICATION FOR LIFE EXPECTANCY PROVIDER

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.

If this package requires original documents, in lieu of providing original paper documents, the Applicant is directed to submit a PDF of the original document(s) unless otherwise required by Florida Statutes.

Any questions concerning this application package or iApply may be directed to lhappcoord@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 REGISTRATION
LIFE EXPECTANCY PROVIDER INSTRUCTIONS**

SECTION I - APPLICATION FEE AND FORM

Section I-1 Application Fee

The application filing fee is \$500.00. Secure the check to the invoice, which is included in this package, and send to:

Florida Department of Financial Services
Revenue Processing Section
P.O. Box 6100
Tallahassee, Florida 32314-6100

Submit a copy of the invoice and a copy of the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fees.

Section I-2 Application for Registration to Conduct Business in the State of Florida - Life Expectancy Provider

The application must be under oath and signed by the applicant. If the applicant is a corporation, an original signature under oath by the applicant's president and secretary must appear on this form or their equivalents if another type of entity.

Pursuant to Rule 690-204.201(2), Florida Administrative Code, "Person performing life expectancies" as used in s. 626.99175(4)(d), Florida Statutes, and "individuals who determine life expectancies" as used in s. 626.99175(4)(g)2, Florida Statutes, means a person or individual with the decision making authority to sign or authorize the issuance of a life expectancy or mortality ratings used to determine a life expectancy.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER INSTRUCTIONS**

SECTION II - LEGAL

Section II-1 Letter of Authorization

Provide a letter of authorization designating the named individual, other than company personnel, to represent the applicant, if applicable.

Section II-2 Organizational Documents

Submit a certified copy of the applicant's organizational documents, if any, including the articles of incorporation, articles of association, partnership agreement, trust agreement, or other similar documents, together with all amendments to such documents.

Section II-3 Certificate of Status from State of Domicile

Submit a certificate of status. 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 applicant 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.

Section II-4 Bylaws, Rules, Regulations, or Similar Documents

Submit copies of all of the applicant's bylaws, rules, regulations, or similar documents regulating the conduct of the applicant's internal affairs. Corporate bylaws must be recently sealed, signed, and dated by the Secretary of the applicant or their equivalents if another type of entity.

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

Foreign corporations are required to secure through the Florida Secretary of State, a charter to do business in Florida. If you have any questions concerning filing with the Florida Secretary of State, please contact their Division of Corporations at (850) 245-6053. 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 life expectancy provider application as proof of your filing with the Secretary of State as a foreign corporation.

Section II-6 Fictitious Name Filing

If the applicant plans to utilize a fictitious name, provide documentation of compliance with the fictitious name statutes of this state. Contact the Florida Secretary of State at (850) 245-6059 for assistance in complying with this requirement.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER INSTRUCTIONS**

SECTION III – BUSINESS PLAN OF OPERATIONS

Section III-1 Business Plan of Operations

Please provide a narrative of the applicant's business plan of operations including, but not limited to, the following information and documentation:

A. History

1. A brief history of the applicant, to include, full name (present or prior, legal or fictitious names), age, residence address, and business address and all occupations engaged by the applicant during the 5 years preceding the date of the application.
2. Complete information concerning any criminal, civil or administrative actions pending or final against the applicant and any litigation brought in connection with the business of the issuance of life expectancies used in connection with a viatical settlement contract or viatical settlement investment, or any other administrative, civil or criminal action in which the applicant has been named as a defendant or co-defendant.
3. Statement as to whether or not a viatical settlement broker, viatical settlement provider or insurance agent in the business of viatical settlements in this state, directly or indirectly, owns or is an officer, director, or employee of the applicant or a life expectancy provider.

B. Organizational Chart

A schematic external organizational chart disclosing the applicant's relationship with any other entities, including the ultimate controlling company or controlling person. Label all appropriate ownership percentages.

C. Business Operations

1. A general description of the policies and procedures covering all life expectancy determination criteria and protocols:
 - i. A general description of the plan or plans of policies and procedures used to determine life expectancies.
 - ii. A general description of how the applicant updates its manuals, underwriting guides, mortality tables, and other reference works and ensures that the applicant bases its determination of life expectancies on current data.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER INSTRUCTIONS**

SECTION III – BUSINESS PLAN OF OPERATIONS – cont'd

2. The applicant's plan for assuring confidentiality of personal, medical, and financial information in accordance with federal and state laws.
3.
 - i. A list of persons performing life expectancies and a description of their experience.
 - ii. A general description of the training, including continuing training of the individuals who determine life expectancies.
- D. Provide any other information the applicant deems pertinent to its application that will assist the Office in determining if the applicant has met the minimum statutory requirements for registration.

Section III-2 Anti-Fraud Plan

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

Section III-3 Addresses and Location of Books and Records

Provide the following addresses and corresponding telephone and facsimile numbers, where applicable:

- A. Home office;
- B. Administrative office;
- C. Mailing;
- D. Florida office;
- E. Location of records pertaining to life expectancy business of the applicant; and
- F. Location of any storage facility where books or records pertaining to the life expectancy business of the applicant are or will be stored.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER INSTRUCTIONS**

SECTION IV - MANAGEMENT

ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAME. PLEASE STATE IF A MIDDLE NAME DOES NOT EXIST.

Section IV-1 List of all Officers, Directors, Stockholders, Other Persons and Person(s) Performing Life Expectancies.

Complete the Management Information Form, to include, the name, business and residence address, and official position of each individual who is responsible for the conduct of the applicant's affairs, including, but not limited to, any member of the board of directors, board of trustees, executive committee, or other governing board or committee and any other person or entity owning or having the right to acquire 10 percent or more of the voting securities of the applicant and any person performing life expectancies.

Include officers and directors up through the ultimate parent corporation or holding company; or person(s) occupying similar positions if other than a corporation and all persons who exercise or have the ability to exercise effective control of the applicant. Use a separate form for each company.

Section IV-2 Biographical Affidavit

Complete and provide a Biographical Affidavit for each person listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. Additionally, each individual will need to submit:

1. A statement as to whether or not they have been associated with any other life expectancy provider or have performed any services for a person in the business of viatical settlements and provide details, if applicable; and
2. A sworn statement of any criminal, civil or administrative actions pending or final against the individual.

If, however, the Biographical Affidavits are currently on file and are not more than two years old, no submission is necessary.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER INSTRUCTIONS**

SECTION IV – MANAGEMENT – cont'd

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 Page 6 of the Biographical Affidavit form, include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also, Please mark 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 ensure 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, to any felony or crime punishable by imprisonment of one year.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER INSTRUCTIONS**

AGREEMENTS & AUDIT OF LIFE EXPECTANCIES

SECTION V – AGREEMENTS, CONTRACTS OR OTHER ARRANGEMENTS

Provide a list of any agreements, contracts, or any other arrangement to provide life expectancies to a viatical settlement provider, viatical settlement broker, or any other person in the business of viatical settlements in connection with any viatical settlement contract or viatical settlement investment.

SECTION VI – AUDIT OF LIFE EXPECTANCIES

As part of the application, the applicant is required to file with the Office an audit of all life expectancies by the applicant for the 5 calendar years immediately preceding such audit, which audit shall be conducted and certified by a nationally recognized actuarial firm and shall include the following information:

- A. A mortality table;
- B. The number, percentage, and an actual-to-expected ratio of life expectancies in the following categories:
 - 1. Life expectancies of less than 24 months
 - 2. Life expectancies of 25 to 48 months
 - 3. Life expectancies of 49 to 72 months
 - 4. Life expectancies of 73 to 108 months
 - 5. Life expectancies of 109 to 144 months
 - 6. Life expectancies of 145 to 180 months
 - 7. Life expectancies of more than 180 months

The audit of life expectancies must comply with the requirements of Section 626.99175(5), Florida Statutes and Rule 69O-204.201(3), Florida Administrative Code.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER CHECKLIST**

SECTION I - APPLICATION FEE AND FORM

Applicant Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Life Expectancy 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 Bureau of Financial Services	<input type="checkbox"/>
2.	Applicant completed application for registration (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 signatures)	<input type="checkbox"/>

RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER CHECKLIST**

SECTION II - LEGAL

Applicant Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Letter of Authorization (if applicable)	<input type="checkbox"/>
2.	Organizational Documents (original certification and all amendments)	
a.	Articles of Incorporation	<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"/>
3.	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"/>
4.	Bylaws, Rules, Regulations or Similar Documents	<input type="checkbox"/>
a.	Signed and dated by corporate secretary (or equivalent).....	<input type="checkbox"/>
b.	Corporate seal (as applicable)	<input type="checkbox"/>
5.	Original Certificate of Status from Florida Secretary of State (Foreign Corporations).....	<input type="checkbox"/>
6.	Original Fictitious Name Certificate (if applicable)	<input type="checkbox"/>

RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER CHECKLIST**

SECTION III – BUSINESS PLAN OF OPERATIONS

Applicant Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Business Plan of Operations	<input type="checkbox"/>
A. History	<input type="checkbox"/>
(1) Brief history of the applicant	<input type="checkbox"/>
(2) Information regarding criminal, civil or administrative actions pending or final against the applicant.....	<input type="checkbox"/>
(3) Statement whether viatical settlement broker, viatical settlement provider or insurance agent is an owner, officer, director or employee of applicant.....	<input type="checkbox"/>
B. Organizational Chart.....	<input type="checkbox"/>
C. Business Operations.....	<input type="checkbox"/>
(1) General description of the following policies and procedures covering all life expectancy determination criteria and protocols:	
(i) Plans and procedures used to determine life expectancies	<input type="checkbox"/>
(ii) Updating procedures for manuals, underwriting guides, mortality tables and other referenced works.....	<input type="checkbox"/>
(2) Plan for assuring confidentiality of personal, medical and financial information.....	<input type="checkbox"/>
(3)(i) List of individuals performing life expectancies and description of experience.....	<input type="checkbox"/>
(ii) Training of individuals who determine life expectancies.....	<input type="checkbox"/>

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER CHECKLIST**

SECTION III – BUSINESS PLAN OF OPERATIONS– Cont’d

Applicant Name: _____

<u>Item #</u>		<u>Completion Check List</u>
	D. Additional information	<input type="checkbox"/>
2.	Two copies of the anti-fraud plan required by Section 626.99278, F.S.....	<input type="checkbox"/>
3.	Addresses and location of books and records. Provide the following addresses and corresponding telephone and facsimile numbers, where applicable:	
	A. Home office.....	<input type="checkbox"/>
	B. Administrative office	<input type="checkbox"/>
	C. Mailing.....	<input type="checkbox"/>
	D. Florida office.....	<input type="checkbox"/>
	E. Location of records pertaining to life expectancy business	<input type="checkbox"/>
	F. Location of any storage facility where records pertaining to the life expectancy business of the applicant are or will be stored.....	<input type="checkbox"/>

RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER CHECKLIST**

SECTION IV - MANAGEMENT

Applicant Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. List of all Officers, Directors, Stockholders, Other Persons and Person(s) Performing Life Expectancies Management Information Form (Official Form).....	<input type="checkbox"/>
2. Biographical Affidavit	<input type="checkbox"/>
Biographical Affidavit for each applicable individual (Official Form)	<input type="checkbox"/>
(i) All blanks completed.....	<input type="checkbox"/>
(ii) Contains original signature.....	<input type="checkbox"/>
(iii) Notarized (original)	<input type="checkbox"/>
(iv) Full name given (including full middle name or indication if one does not exist).....	<input type="checkbox"/>
1. Statement of association with other life expectancy providers or others in the business of viatical settlements.....	<input type="checkbox"/>
2. Sworn statement of any criminal, civil or administrative actions pending or final.....	<input type="checkbox"/>

RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE.

**APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER CHECKLIST**

SECTION V – AGREEMENTS, CONTRACTS OR OTHER ARRANGEMENTS

Applicant Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. List of any agreements, contracts or other arrangement to provide life expectancies in connection with any viatical settlement contract or viatical settlement investment.....	<input type="checkbox"/>

SECTION VI – AUDIT OF LIFE EXPECTANCIES

1. Audit of Life Expectancies conducted and certified by a nationally recognized actuarial firm	<input type="checkbox"/>
A. Mortality table	<input type="checkbox"/>
B. The number, percentage, and an actual-to-expected ratio of life expectancies in the following categories:	
(i) Life expectancies of less than 24 months.....	<input type="checkbox"/>
(ii) Life expectancies of 25 to 48 months.....	<input type="checkbox"/>
(iii) Life expectancies of 49 to 72 months.....	<input type="checkbox"/>
(iv) Life expectancies of 73 to 108 months.....	<input type="checkbox"/>
(v) Life expectancies of 109 to 144 months.....	<input type="checkbox"/>
(vi) Life expectancies of 145 to 180 months.....	<input type="checkbox"/>
(vii) Life expectancies of more than 180 months.....	<input type="checkbox"/>
C. Audit of Life Expectancies in compliance with Section 626.99175(5), F.S. and Rule 69O-204.201(3), Florida Administrative Code	<input type="checkbox"/>

RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE.

**INVOICE
LIFE EXPECTANCY PROVIDER
PAYMENT OF APPLICATION FEE**

NAME OF APPLICANT: _____

FEIN#: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

ADDRESS (IF DIFFERENT FROM APPLICANT ADDRESS)

 _____ (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: _____

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

PLEASE NOTE:

Send a check in the proper amount made payable to the Florida Department of Financial Services and mail check and invoice only to the Florida Department of Financial Services, Revenue Processing Section, P.O. Box 6100, Tallahassee, Florida 32314-6100.

Include a copy of the check and invoice with the application filing submitted electronically via iApply.

RECEIPT NUMBER	F/T	AMOUNT	TYPE	CLASS B/T
	F	\$500.00	10	37

**OFFICE OF INSURANCE REGULATION
APPLICATION FOR REGISTRATION
TO CONDUCT BUSINESS IN THE STATE OF FLORIDA
LIFE EXPECTANCY PROVIDER**

DATE _____

TO THE COMMISSIONER OF INSURANCE REGULATION, TALLAHASSEE, FLORIDA

(Full Legal Name of Applicant)

FEIN: _____

of _____ (Business
Address) (City) (State) - (Zip)

Telephone: () - Facsimile: () -

of _____ (Residence Address) (City) (State) (Zip)

Through its duly authorized officers, hereby applies for registration authorizing and empowering the aforesaid to act as a life expectancy provider in the State of Florida, under the laws thereof, and do after being duly sworn do hereby swear or affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

by _____ a
_____ s _____

(Name of person) (Type of authority..... e.g. officer, trustee attorney in fact)

for _____
(Company Name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced:

Name and title of person filing this application: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ -

Telephone: () - Facsimile: () -

E-Mail Address: _____