

Risk Assessment Division
50 W. Town St., 3rd Fl.
Suite 300
Columbus, OH 43215
(614) 644-2665
(614) 728-1271

www.insurance.ohio.gov

Ohio Department of Insurance

John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director



Viatical Settlement Provider License Voluntary Surrender

In accordance with Ohio Administrative Code 3901-9-01(G)(1), a provider may request to voluntarily surrender their Viatical Settlement Provider License by mailing this form to or filing the form electronically at the appropriate address below:

MAILING:

Ohio Department of Insurance
Risk Assessment – Viatical Life Settlements
50 W. Town St., 3rd Floor, Suite 300
Columbus, Ohio 43215

ELECTRONICALLY:

viatical.settlements@insurance.ohio.gov

By signing this form you are hereby attesting to the following:

- Superintendent has not already commenced a formal investigation of any allegation of a violation of Chapter 3916. of the Revised Code or any rule promulgated thereunder, that if proven, would result in administrative action on the viatical settlement providers' license.
- Superintendent has not issued a notice of opportunity for hearing to the provider.
- The viatical settlement provider has no outstanding viatical settlement transactions involving any Ohio residents.
- Provider does not now, and will not in the future, hold Ohio life insurance policies procured under previous Ohio settlements that are subject to contact restrictions under ORC section 3916.10 and confidentiality and privacy obligations under ORC section 3916.13.
- A completed Viatical/Life Settlement Annual Statement (Form INS7248) marked **FINAL** is attached to this form.
- The individual who signs this surrender form has the proper legal authority to execute this document.
- Provider agrees to comply with all terms and conditions of a voluntary surrender of the license.

This request to surrender the viatical settlement provider license is effective when fully executed by the Superintendent of Insurance. The executed document will be sent to the business address on this form.

Name of Viatical Settlement Provider

Superintendent of Insurance

Business Address

Date

License Number

Signature of Officer, Director, Principal or Partner

Print Name

Date Signed