

Ohio Department of Insurance

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



www.insurance.ohio.gov

Viatical Settlement Provider License Renewal Application

(Please Print or Type)

SECTION ONE:			
Demographic Information			
① Applicant Name	② Date of Incorporation	③ State of Domicile	④ Federal Employer ID (FEIN)
⑤ Principal Place of Business Address	⑥ City	⑦ State	⑧ Zip
⑨ Phone Number (include extension) ()	⑩ Viatical Settlement Provider License Number	⑪ Business Web Site Address	

SECTION TWO		
Official List of Any Newly Added Within the Past Year Owners, Partners, Members, Officers, Directors and Designated Employees		
Identify any newly added within the past year owners, partners, officers, members, directors and designated employees authorized to act on behalf of the Applicant. If the persons are not natural persons, identify all owners of the parent company and all ultimate controlling persons. All newly added natural persons must submit a Biographical Affidavit on a form prescribed by the Superintendent which must be verified by an approved independent third party verifier. See www.insurance.ohio.gov for further information.		
Name _____	Title _____	SSN/FEIN _____
Resident Address _____	% of Ownership _____	
Name _____	Title _____	SSN/FEIN _____
Resident Address _____	% of Ownership _____	
Name _____	Title _____	SSN/FEIN _____
Resident Address _____	% of Ownership _____	
Name _____	Title _____	SSN/FEIN _____
Resident Address _____	% of Ownership _____	
Name _____	Title _____	SSN/FEIN _____
Resident Address _____	% of Ownership _____	
<input type="checkbox"/> OVERFLOW. I have attached a list of additional owners, partners, officers, members, directors and/or designated employees in the above format.		

SECTION THREE**Service of Process Information**

1. Provide the full name and address of the Agent for Service of Process appointed by Applicant and registered with Ohio's Secretary of State or list the Ohio Superintendent of Insurance as applicant's irrevocable appointee as Agent for Service of Process.

Check here if this is a new statutory agent.

2. Provide the full name, address, telephone number and email address of the person, on behalf of the Applicant, who shall be responsible for handling or responding to regulatory complaints, form filing submissions, or inquiries regarding its activities in this State.

Check here if this information is new.

SECTION FOUR**Business Reputation**

Please answer the following questions and ATTACH THE REQUESTED INFORMATION FOR ANY QUESTIONS ANSWERED IN THE AFFIRMATIVE:

1. Since the last renewal application submitted, has the Applicant had a Viatical Settlement Provider license or registration surrendered, expired, suspended, placed in a probationary status or any non-compliance regulatory action taken against a Viatical Settlement Provider license or registration? Yes No
2. Since the last renewal application submitted, has the Applicant had a Viatical Settlement Provider license or registration subject to Cease and Desist or Consent Order? Yes No
3. Since the last renewal application submitted, has any state denied or refused to issue the Applicant a Viatical Settlement Provider license or registration? Yes No
4. Since the last renewal application submitted, has the Applicant submitted a Viatical Settlement Provider license or registration application in any state that was subsequently withdrawn? Yes No
5. Since the last renewal application submitted, have any of the ultimate controlling persons, owners, partners, officers, members, directors or designated employees of the Applicant been a party to an arbitration proceeding or a lawsuit brought by a viator involving allegations of fraud, misappropriation, conversion of funds, misrepresentation, break of fiduciary duty, unjust enrichment or similar declarations? Yes No

If the answer is yes, a copy of the petition/complaint(s) and documentation showing resolution or any final order/judgment must be attached to this application.

If the answer is "Yes" to questions 1-5, include these required attachments:

- A written summary explaining the circumstances;
- A copy of the Notice of Opportunity for Hearing, Complaint, Petition or similar document that states the allegations; and
- Any copy of the official document which demonstrates the resolution of the allegations, Settlement Agreement or any final order/judgment.

6. Since the last renewal application submitted, has the Applicant or any of its owners, partners, officer, members, directors, or designated employees filed a bankruptcy petition? Yes No

If the answer is yes, a copy of the bankruptcy petition(s) must be attached to this application.

7. Attach a copy of the continuation certificate for the surety bond in place to meet financial responsibility if the company has placed a surety bond with Ohio and has not already filed the continuation certificate of this calendar year. Yes No
8. Since the last renewal application, has the Applicant been the subject of a financial or market conduct examination? Yes No

If the answer is yes, each examination report and any response to the examination report must be attached to this application.

9. Are the Applicant's contract forms and disclosure statements in use filed with and approved by the Ohio superintendent? Yes No
10. Is the Applicant in good standing in its domicile state? Yes No

If the answer is yes, attach the Certificate of Good Standing.

SECTION FIVE**Applicant Certification and Attestation**

The undersigned duly authorized owner, partner, officer, member, or director hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and the Applicant is aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license denial or revocation and may subject the Applicant to civil or criminal penalties, or both.
2. The Applicant grants permission to the Ohio Superintendent of Insurance to verify any information supplied with any person having knowledge, including, without limitation, federal, state or local government agency.
3. The Applicant has provided a written designation of an agent for service of process with the Superintendent or, in the alternative, the Applicant hereby irrevocably consents that any action against the applicant may be commenced against the applicant by service of process upon the Superintendent.
4. The Applicant authorizes the Ohio Department of Insurance to give any information they may have concerning the applicant to any federal, state or municipal agency, or any other similar organization, and the applicant releases the Ohio Department of Insurance and any person acting on their behalf from any and all liability of whatever nature by reason or furnishing such information.
5. The Applicant agrees that it will comply with Ohio's laws, including Chapter 3916. of the Revised Code and the rules promulgated thereunder.

SECTION SIX**Signatures**

Renewal Application must be signed by an authorized representative, such as the owner, partner, officer, member or director:

Signature	Date
Type or Print Name	
Title	
Address	
City	State
	Zip

SECTION SEVEN**Attachments**

- Documentation required for questions answered in the affirmative "Yes".
- Continuation Certificate of Surety Bond – if a Surety Bond has been posted. [OAC section 3901-9-01(F)(2)]
- Certificate of Good Standing from State of Domicile.

If there are any newly added persons in Section Two since the last renewal application was submitted, attach for each person:

- Completed Biographical Affidavits (INS7254) for all **new** individuals listed in Section Two.
- Completed Disclosure and Authorization Concerning Background Reports (INS7255);
Evidence a background report has been ordered for all natural persons from an approved verifier.

Mail Completed Viatical Settlement Provider License Renewal Application to:

Ohio Department of Insurance
Risk Assessment
Attn: Viatical/Life Settlements
50 West Town Street, Suite 300
Columbus, Ohio 43215

Make check payable to "Treasurer, State of Ohio"

Note: The applicant shall be notified if the Superintendent considers an application to be incomplete and the renewal application shall not be considered for licensure. Renewal Application fees are not transferable or refundable.

CAUTION: A license as a viatical settlement provider expires on the last day of March. Failure to pay the renewal fee by the required date results in the expiration of the license – the only cure for an expired license is to re-apply as if never licensed.