



MISSISSIPPI INSURANCE DEPARTMENT

P.O. BOX 79, JACKSON, MS 39205

MIKE CHANEY, *Commissioner of Insurance*

MARK HAIRE, *Deputy Commissioner of Insurance*

DEPARTMENT USE ONLY

VIATICAL SETTLEMENT PROVIDER
LICENSE APPLICATION

Privilege Tax: \$200.00

Check appropriate box for license requested and type. Viatical Settlement Representative Viatical Settlement Broker

Resident License

Non-Resident License: Identify Home State: _____ Identify Home State License #: _____

Demographic Information

Business Entity Name		Incorporation/Formation Date (month) ___ (day) ___ (year) ___		FEIN -	
If assigned, National Producer Number (NPN#)			If applicable, FINRA Firm Central Registration Depository (CRD) Number		
List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			State of Domicile		Country of Domicile
Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Business Address		City	State	Zip Code	Foreign Country
Phone Number (include extension) () -	Fax Number () -	Business Web Site Address		Business E-Mail Address	
Mailing Address		P.O. Box	City	State	Zip Code

Designated/Responsible Mississippi Licensed Producer

Identify at least one Designated/Responsible Mississippi Licensed Viatical Settlement Representative or Broker responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

Name _____	SSN _____ - -	MS License Number _____
Name _____	SSN _____ - -	MS License Number _____
Name _____	SSN _____ - -	MS License Number _____
Name _____	SSN _____ - -	MS License Number _____

Owners, Partners, Officers and Directors

Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes No

Background Information

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.	
<p>1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explain the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. 	Yes ___ No ___
<p>2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration?</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	Yes ___ No ___
<p>3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>	Yes ___ No ___
<p>4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	Yes ___ No ___
<p>5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	Yes ___ No ___
<p>6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents. 	Yes ___ No ___

Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise, by law or regulation of each jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s)

Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- A detailed statement describing the business plan of operation.
- Biographical affidavits for all officers, directors, and key employees of the provider.
- If a legal (business) entity, a certificate of good standing from the state of its domicile.
- A current/original certificate of good standing from the Mississippi Secretary of State's Office.
- A current/original certificate of registration or exemption from registration under the Mississippi Securities Act from the Mississippi Secretary of State's Office. If the provider is buying policies, but not selling to investors, they may submit an affidavit to that effect in lieu of a certificate of registration or exemption under the Mississippi Securities Act.
- Non-resident providers must attach a current/original letter of certification from their domiciliary state insurance department. If not so licensed, provide an explanation as to why not.
- Submit a written designation of an agent for service of process, using the NAIC Service of Process Form.
- A copy of any applications, contracts, disclosure statements or other forms provided to viators. Please review the instructions for filing such documents as set forth on the Mississippi Insurance Department website.

Note: Annual Statements must be filed with the Commissioner on or before March 1 of each year.