

Ohio Department of Insurance

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



Business Entity Viatical Settlement Broker License Renewal/Continuation

(Please Print or Type)

Check appropriate box for license requested:

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

Demographic Information

① Business Entity's Name		② FEIN		
③ Home State & Home State License Number		④ If assigned, National Producer Number (NPN)		
⑤ Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No				
⑥ Business Address		⑦ City	⑧ State	⑨ Zip or Foreign Country
⑩ Phone Number (include extension) ()	⑪ Fax Number ()	⑫ Business E-Mail Address		⑬ Business Web Site Address
⑭ Mailing Address		⑮ P.O. Box	⑯ City	⑰ State
				⑱ Zip or Foreign County

Designated/Responsible Licensed Producer

⑲ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state:

Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____

Background Information

⑳

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, been convicted of, or is currently charged with, committing a crime or had a judgment withheld or deferred which has not been previously reported to this insurance department? Yes No

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges 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 no contest, or having been given probation, a suspended sentence, or a fine.

If Yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Background Information (Continued)

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? Yes No

Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned 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.

If Yes, you must attach to this application:

- 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.

3. In response to a “yes” answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A Yes No

If Yes, will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? N/A Yes No

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this renewal application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

4. Since your last update to the Department prior to this renewal application, have there been any changes to the owners, partners, officers, members, directors, employees authorized to act under the viatical settlement broker entity license? Yes No

If Yes, details must be provided. The details must include full legal name(s), SSN/NPN, Dates of Birth, Notation as to whether the person’s authority was added to or removed from the entity license and the effective date of such addition or removal.

5. Has the Agent for Service of Process changed since your last application/renewal or update? Yes No

If Yes, provide the full name and address of the Agent for Service of Process appointed by the applicant, per O.R.C. 3916.03 on a separate document.

6. Has the person who is responsible for handling or responding to regulatory complaints, application forms, or questions regarding its activities in Ohio changed since your last application/renewal or update? Yes No

If Yes, details must be provided.

7. Since the last application or renewal, have any of the owners, partners, officers, members, directors, or employees authorized to act as a viatical settlement broker ever been under investigation by any regulatory authority? Yes No

If Yes, details must be provided.

8. Since the last application or renewal have any of the owners, partners, officers, members, directors, or employees authorized to act as a viatical settlement broker ever been subject to any regulatory action including cease & desist orders or similar actions? Yes No

If Yes, details must be provided.

9. Since the last application or renewal have any of the owners, partners, officers, members, directors, or employees authorized to act as a viatical settlement broker ever been a defendant in any lawsuit asking for a judgment that is equal to or greater than 10% of your total assets? Yes No

If Yes, details must be provided.

10. Since the last application or renewal has the applicant re-domesticated? Yes No

If Yes, details must be provided.

11. Since the last application or renewal has the applicant merged or consolidated with any other entity? Yes No

If Yes, details must be provided.

Applicant’s Initials _____

Background Information (Continued)

12. Is the applicant presently negotiating, inviting negotiations, or party to a counter-letter, which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business? Yes No

If Yes, details must be provided.

13. Is the applicant currently in receivership, liquidation or conservation? Yes No

If Yes, details must be provided.

Applicant's Certification and Attestation

② The Producer must read the following very carefully:

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 the jurisdiction, the business entity or limited liability company hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party 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, Director or Superintendent of Insurance, or other appropriate party 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, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information 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 which this application is made to give any information concerning me, as permitted by law, 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 will 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 if a limited liability company who has authority to act on behalf of the business entity:

Signature	Date
Type or Print Name	Social Security Number
Title	
Address	
City	State
	Zip

Application Attachments

- 22) The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.
1. Non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$100.00;
 2. Must provide a description of procedures that are in place to safeguard the confidentiality of viators' and insureds' personal and medical information that complies with division (G) of ORC section 3916.07 and 3916.13, only if any changes have been made since the last application or renewal;
 3. Must provide a comprehensive anti-fraud plan that complies with requirements of division (G) of ORC section 3916.18, only if any changes have been made since the last application or renewal;
 4. Must provide an organizational chart that identifies ALL employees, partners, members, officers, & key employees, including position titles, and description of positions. The chart must also identify all owners or shareholders having 5% or greater beneficial ownership. The chart must additionally show the relationship of each to the applicant, including % of beneficial ownership or control. The chart must reflect actual entity organization as of the date of license renewal submission;
 5. Provide the full name and address of the Agent for Service of Process appointed by the applicant per ORC section 3916.03, if different than what has previously been provided to the Department;
 6. Provide the full name, address and telephone number of the person, on behalf of the applicant, who shall be responsible for handling or responding to regulatory complaints, application forms, or question regarding its activities in Ohio, if different than what has previously been provided to the Department;
 7. Must provide a certificate of Good Standing from the domicile state's Secretary of State or equivalent; and
 8. If necessary, any required supporting details or documents.

Licensure Requirements

- 23) The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.
1. Applicant must provide a state criminal background check for all partners, officers, members, owners, or key employees who live and work in Ohio and who will be operating under the VSB entity license that have not previously been submitted to the Department;
 2. Applicant must provide a federal criminal background check for all partners, officers, members, owners, or key employees who will be operating under the VSB entity license that have not previously been submitted to the Department;
 3. All VSB Business entity applicants must have a responsible designated producer affiliated to the business entity;
 4. All business entity applicants must be registered with the Ohio Secretary of State.