

Department of Banking, Insurance,  
Securities and Health Care Administration  
89 Main Street, Drawer 20, Montpelier, VT 05620-3101

**Application for a License as a Viatical Settlement Provider**

**Cover Sheet and Certification**

**Instructions:** *This application cover sheet and certification is provided to identify and describe the information that is required, to organize your application materials (including attachments), and to contain the necessary certifications.*

*If a question can be answered in the space provided, please do so. If additional sheets are attached, identify each of those attachments with a letter or number, and record that attachment in the appropriate section by checking the box and providing the letter or number.*

Application is hereby made for a license as a Viatical Settlement Provider under Title 8, Chapter 103, Subchapter 5A, Viatical Settlements and Regulation 95-4 (Viatical Settlements) Section 4.

**PART A: COMPANY AND PRINCIPALS; IDENTIFICATION**

**1. Name of Applicant:**

*Provide the complete name under which business is to be conducted. Applicants doing business in Vermont are required to make certain filings in accordance with Title 11, Chapter 15, Vermont Statutes Annotated. Attach documentary evidence indicating compliance with these requirements, including the name and address of the process agent.*

Documentation is included as Attachment \_\_\_\_\_

**2. The Business premises of the applicant are located at:**

**3. Principal place of business (incorporation, etc.) of the applicant, if other than as above:**

**4. Type of organization:** *(sole proprietorship, partnership, corporation, etc.)*

5. If incorporated:

a) Specify state and date of incorporation:

b) Specify date of qualification to do business in Vermont, if a foreign corporation:

c) Attach documentary evidence indicating compliance with the statutes of Vermont relating to foreign corporations, if applicable.

Documentation is included as Attachment \_\_\_\_\_

6. Provide identifying information regarding the owner or general partners of the Viatical settlement provider, and for each officer or employee who will act as a Viatical settlement provider.

*If the viatical settlement provider is a corporation, association, etc., provide this information for all directors, trustees and principal officers, as well as for each employee who will act as a viatical settlement provider.*

<u>Full Legal Name</u>	<u>Position/Title</u>	<u>Principal Residence Address</u>	<u>Active Occupation(s)</u>
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A (primary or continued) list is included as Attachment \_\_\_\_\_

7. a) If the applicant is a corporation, identify parent, affiliate and subsidiary corporations, if any, and a clear description of the relationship of each to the viatical settlement company, including percentage of stock owned by applicant and each related corporation. Attach an organizational chart showing the relationships between the parent, affiliate(s) and/or each subsidiary corporation.

Corporation

Relationship to Applicant



**From-To**

**State**

A (primary or continued) list is included as Attachment \_\_\_\_\_

10. **List all business licenses held or applied for by the applicant from any government entity:**

**Type of License**

**Issuing Authority**

**Date of Issue or Denial** (*Explain*)

A (primary or continued) list is included as Attachment \_\_\_\_\_

11. **Has any license or application of this applicant, or any owner, director, officer, partner, or employee of the applicant, been suspended or revoked in any state?**  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, information and documentation is included as Attachment \_\_\_\_\_. Information must include name of owner, director, officer, partner or employee, as appropriate; type of license involved; date of action and state involved.

12. **Are there any formal and informal regulatory actions which are pending or have been taken against the applicant by any jurisdiction?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, information and documentation is included as Attachment \_\_\_\_\_

13. **Has the applicant or any owner, director, officer, partner, or employee of the applicant been convicted of any criminal or civil offense (other than traffic or motor vehicle offenses) of any nature in this or any other state?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, information and documentation is included as Attachment \_\_\_\_\_

14. **Provide a copy of the most recent annual financial statement and operating report(s) to members, partners or shareholders for the most recently ended calendar years, along with SEC Form 10K if available, for the applicant, its parent or any subsidiary or affiliate.**

Report(s) are included as Attachment \_\_\_\_\_

## **PART B: OPERATING PLANS AND SYSTEMS**

1. **List the financial institutions with which the applicant has escrow and trust agreements, indicating the balance on each account. Identify any institution with**

which you have an affiliation, other than as a depositor. Attach copies of all escrow and trust agreements:

Financial Institution

Address

Account Balance

A (primary or continued) list is included as Attachment \_\_\_\_\_

Copies of all escrow and trust agreements are included as Attachment \_\_\_\_\_

2. **Describe the advertising, brokerage, or distribution system(s) to be used to initiate and complete the offering of viatical settlement contracts in Vermont:**

A (primary or continued) description is included as Attachment \_\_\_\_\_

3. **Describe the company's marketing techniques:**

A (primary or continued) list is included as Attachment \_\_\_\_\_

4. **Describe the marketing training programs for those individuals who will have direct contact with viators:**

A (primary or continued) list is included as Attachment \_\_\_\_\_

5. **List the contract offering and servicing facilities, including addresses and phone numbers to be used by Vermont brokers and viators:**

Type of Service Provided

Address

Telephone Number

A (primary or continued) list is included as Attachment \_\_\_\_\_

**PART C: FEES AND SIGNATURES**

1. Enclose with this application, a check for \$50.00 made payable to the Vermont Insurance Division.

A check is included as Attachment \_\_\_\_\_

2. Provide the name, address and telephone number of the individual to be contacted regarding this application:

Name                      Address                      Telephone Number

3. Pursuant to the requirements of 8 V.S.A., Chapter 103, Subchapter 5A, Viatical Settlements, and Regulation 95-xx, \_\_\_\_\_, the applicant, has caused this application, to be duly signed on its behalf in the City of \_\_\_\_\_ and State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, in this year of \_\_\_\_\_.

\_\_\_\_\_  
Name of Applicant

By \_\_\_\_\_  
Title \_\_\_\_\_

4. The undersigned deposes and says that he/she has duly executed the attached application dated \_\_\_\_\_, for and on behalf of \_\_\_\_\_, applicant; that he/she is the \_\_\_\_\_ of such company; and the he/she is familiar with such instrument, including all attachments thereto, and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name