



**ARKANSAS INSURANCE DEPARTMENT
LIFE & HEALTH DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604**

WEBSITE: <http://www.insurance.arkansas.gov/LH/divpage.htm>

INSTRUCTIONS FOR LIFE SETTLEMENT (VIATICAL) PROVIDER APPLICATION

The enclosed represents required forms to be completed by an applicant for a Life Settlement Provider's license.

- Application Form (Page 2)
- Biographical Affidavit (Page 5)
- Appointment of Attorney to Accept Service of Process (Page 15)

Complete the above forms and submit along with a \$100.00 license fee, made payable to the Arkansas Insurance Department, to the address above attention: Life & Health Division. (Please note: the **Life Settlement Provider Application, Form AID-LH-LSP**, should be submitted to the **Life & Health Division**. All other Life Settlement forms (forms AID-LI-LSBE, AID-LI-LSBI, and AID-LI-LSPN should be mailed to the License Division.)

Please note: A life settlement provider shall file with the commissioner samples of all forms the provider uses or plans to use to enter in life settlements with owners and owner application forms, advertising, and other solicitation materials that will be used to market life settlements to owners or prospective owners in this state before using such materials. These materials are to be filed with the Life and Health Division of the Department of Insurance. Please contact the Life and Health Division at 501-371-2800 for further information with regards to these required filings.



ARKANSAS INSURANCE DEPARTMENT
LIFE & HEALTH DIVISION
1200 WEST 3RD STREET, LITTLE ROCK, AR 72201
PHONE: 501-371-2800, FAX: 501-683-2748
WEBSITE: http://www.insurance.arkansas.gov/LH/divpage.htm

LIFE SETTLEMENT (VIATICAL) PROVIDER APPLICATION

NAME OF APPLICANT _____

DBA (if applicable) _____

HOME OFFICE ADDRESS _____
(Street or P.O. Box)

(City) (State) (Zip)

MAILING ADDRESS _____
(Street or P.O. Box)

(City) (State) (Zip)

Contact Person _____

Phone Number _____

Facsimile _____ Email Address _____

TYPE OF BUSINESS ORGANIZATION (check one)

- Individual (sole proprietorship) Partnership Association Corporation
Limited Liability Corporation

Date Incorporated _____ State of Domicile _____ FEIN Number _____

LIST NAMES AND ADDRESSES OF ALL MEMBERS, OR OFFICERS, OR OWNERS OF THE APPLICANT.

Table with 4 columns: FULL NAME, TITLE, ADDRESS, %OWNERSHIP

HAS ANY ADMINISTRATIVE ACTION EVER BEEN TAKEN AGAINST THE APPLICANT IN ANY OTHER STATE?

YES _____ NO _____ If yes, please explain. _____

HAS THE APPLICANT EVER BEEN FINED IN THIS OR ANY OTHER STATE?

YES _____ NO _____ If yes, please explain _____

The applicant is required to submit any changes from the above information to this office in a timely manner.

Herewith submitted are the following documents:

- () A biographical affidavit for each individual, member, officer or owner of applicant and each person to be authorized to act under the license. (One copy enclosed. Please make additional copies if needed.)
- () A copy of the partnership agreement, or articles of incorporation, or articles of association depending on your type of business organization.
- () A foreign corporation will have to provide a certificate of good standing from the Arkansas Secretary of State.
- () A Certificate of Authority from your domiciliary state.
- () If applicable, authority from the appropriate regulatory official from your state of domicile to use a DBA.
- () Financial statements including a balance sheet and income statement for the most recent completed calendar or fiscal year. Audited financial statements are desired if available.
- () A Plan of Operation for Arkansas that includes the following:
 - a. What market does the applicant intend to target? What geographical areas?
 - b. Who will produce business for the applicant and how will these persons be trained?
 - c. What is the anticipated number of persons the applicants plans to have marketing its products or services.
 - d. What is the total projected Arkansas business over the next five years?
 - e. Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates.
 - f. Give a detailed description of the steps taken by the applicant to ensure immediate access to owner funds.
 - g. Give a detailed description of the procedures used by the applicant for keeping all medical information confidential.
- () A completed Appointment of Attorney to Accept Service of Process form (Page 15).
- () Registration fee of \$100.00. Please make checks payable to "Arkansas Insurance Department."
- () A letter of certification of securities compliance.

- () Samples of all forms the provider uses or plans to use to enter into life settlements with owners, and owner application forms.
- () Samples of all advertising and other solicitation materials the provider is using or plans to use in the state.
- () Samples of all information brochures.
- () Copy of the life settlement contract subject to the provisions set forth in A.C.A. §23-81-802(11)(A).
- () Copy of an antifraud plan which meets the requirements of § 23-81-814 and includes: a description of the procedures for detecting and investigating possible fraudulent acts and procedures for resolving material inconsistencies between medical records and insurance applications; a description of the procedures for reporting fraudulent insurance acts to the commissioner; a description of the plan for antifraud education and training of its underwriters and other personnel; and a written description or chart outlining the arrangement of the antifraud personnel who are responsible for the investigation and reporting of possible fraudulent insurance acts and unresolved material inconsistencies between medical records and insurance applications.

DATED _____ (Name & Title of Officer)

State of _____ County of _____

_____ (name) being duly sworn, deposes that he/she is the

_____ (title of official capacity) of the above-named applicant and that the foregoing is a full, true, and correct statement of all the facts concerning this application. I understand that pursuant to Arkansas law, any false statement contained in any document concerning this application may subject all licenses issued to me and this organization to suspension, or revocation, or other administrative action.

Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC for the state of _____

(SEAL) Residing at _____

My commission expires _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. a. Affiant's Full Name (Initials Not Acceptable). _____
- b. Maiden Name (if applicable). _____

- 2. a. Have you ever had your name changed? If yes, give the reason for the change and provide the full name(s). _____

- b. Other names used at any time (including aliases). _____

- 3. a. Are you a citizen of the United States? _____
- b. Are you a citizen of any other country, if so, what country? _____

4. Affiant's Occupation or Profession. _____

5. Affiant's business address. _____

Business telephone. _____

6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____

Graduate Studies:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____

Other Training:
Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations, including name of organization, contact person, and phone number.

8. Present or proposed position with the applicant entity.

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates _____ (MM/YY) Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____

Offices/Positions Held _____ Supervisor/Contact _____

Beginning/Ending Dates _____ (MM/YY) Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____

Offices/Positions Held _____ Supervisor/Contact _____

Beginning/Ending Dates _____ (MM/YY) Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____

Offices/Positions Held _____ Supervisor/Contact _____

Beginning/Ending Dates _____ (MM/YY) Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____

Offices/Positions Held _____ Supervisor/Contact _____

10. a. Have you ever been in a position which required a fidelity bond? _____

If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details.

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. Has applicant ever changed its name, redomesticated, or in the past five years merged or consolidated with any other entity?

13. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action, including, but not limited to, suspension or revocation of Certificate of Authority?

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

e. Pled guilty, or solo contender, or been convicted of, any criminal offense(s) other than civil traffic offenses?

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance securities or banking?

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

14. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
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If any of the stock is pledged or hypothecated in any way, give details.

15. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
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If any of the shares of stock are pledged or hypothecated in any way, give details.

16. Is applicant presently engaging in negotiations which would result in transfer or encumbrance of a substantial portion (more than 10%) of its assets or business?

17. Have you ever been adjudged a bankrupt? _____

18. To your knowledge has any company or entity for which you were an officer or director trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? _____

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? _____

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this ___ day of _____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20__

By _____ and:

____ who is personally known to me, or
____ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Information
(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. a. Affiant’s Full Name (Initials Not Acceptable). _____

b. Maiden Name (if applicable) _____

2. Affiant’s Social Security Number _____

3. Government Identification Number if not a U.S. Citizen _____

4. Foreign Student ID# (if applicable) _____

5. Date of Birth: (MM/DD/YY) _____ Place of Birth: City _____

State/Province _____ Country _____

6. Name of Affiant’s Spouse (if applicable) _____

7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City State/Province	Country	Postal Code
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Dated and signed this _____ day of _____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ By

_____, and:
___ who is personally known to me, or
___ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____

[insert company name](“Company”) for licensure or a permit to organize (“Application”) with department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)(“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact

[insert company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature) (Date)

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____ 20__

By _____, and:

__ who is personally known to me, or
__ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

**APPOINTMENT OF ATTORNEY TO ACCEPT
SERVICE OF PROCESS**

_____ (hereinafter (“Life Settlement Provider”), duly organized under the laws of the State of _____, appoints THE COMMISSIONER OF INSURANCE OF THE STATE OF ARKANSAS as its attorney to receive service of legal process issued against it in the State of Arkansas. The Life Settlement Provider authorizes the Commissioner, or, in the Commissioner’s absence, an employee of the Commissioner, to acknowledge service of legal process on behalf of the Life Settlement Provider. The Life Settlement Provider does consent and agree that any lawful process against it that is served upon the Commissioner as appointed attorney shall have the same legal force and validity as if served upon the Life Settlement Provider and hereby waives all claim or right of error by reason of such acknowledgement of service.

This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in Arkansas and binds the assets or liabilities of the Life Settlement Provider or any success in interest.

IN WITNESS OF THIS APPOINTMENT, said Life Settlement Provider, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed, at the City of _____, State of _____ this ____ day of, 20 ____.

President / Attorney-in-fact

Secretary / Attorney-in-fact

Name and address of the person to whom Service of Process is to be forwarded.