



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

WEBSITE: http://www.insurance.arkansas.gov/License/divpage.htm

LIFE SETTLEMENT (VIATICAL) BROKER BUSINESS ENTITY APPLICATION

Form fields for Business Entity Name, Incorporation/Formation Date, FEIN, National Producer Number (NP#), NASD Firm Central Registration Depository (CRD) Number, State of Domicile, Country of Domicile, and Business Address details.

Designated/Responsible Licensed Producer

Identify at least one Designated/Responsible Licensed Producer: (See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Form fields for Designated/Responsible Licensed Producer: Name, SSN, and Title.

Owners, Partners, Officers and Directors

Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity:

Form fields for Owners, Partners, Officers and Directors: Name, Title, SSN/FEIN, and Owner status (Yes/No).

(State Use)

Jurisdiction and Type of License/Registration Requested –Major Lines of Authority

27) Next to each jurisdiction, check the legal business type, where you currently hold a life settlement broker's license:

Legal Business Type:

License/Registration Types:

Jurisdiction	Legal Business Type					License/Registration Type					Lines of Authority				
	C	P		LLC	LLP										

Jurisdiction and Type of License/Registration - Limited Lines of Authority

28) Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

Legal Business Type:

License/Registration Types :

Limited Lines:

Jurisdiction	Legal Business Type	License/Registration Type	Lines of Authority

Background Information

29) Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“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.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director 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? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- 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) certified copies of all relevant documents.

Applicants Certification and Attestation

30 The undersigned owner, partner, officer or director of the business entity 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 to civil or criminal penalties.
- 2. Where required by law, the business entity 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 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 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. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
- 8. 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.

Attachments

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

- 1. A full copy of the Articles of Incorporation if the business is a corporation.
- 2. A full copy of the Articles of Membership if the business is a limited liability company.
- 3. A full copy of the partnership agreement if the business is a partnership--if there is not a written partnership agreement then add a statement signed by the partners which states there is no written partnership agreement.
- 4. A full copy of the partnership agreement if the business is a limited liability partnership.

Must be signed by an officer, director, principal or partner of the business entity:

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Arkansas Insurance Department

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

_____ (hereinafter ("Life Settlement Broker Business"), 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 Broker Business 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 Broker Business. The Life Settlement Broker Business 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 Broker Business 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 Broker Business, 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.