



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

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**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

The Viatical Settlement Provider's license application requires five (5) categories of information:

- Section I - Application Fee and Form
- Section II - Legal
- Section III - Financial
- Section IV - Management
- Section V - Forms

It is important to complete each section in the specified format without omitting any requested information.

Please submit your application in a binder that has been two-hole punched at the top. Place tabs at the bottom of the documents, e.g., Tab III-1 would contain the plan of operations.

Mail the completed application to:

Office of Insurance Regulation  
Company Admission  
200 East Gaines Street, Larson Building  
Tallahassee, Florida 32399-0332

**In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.**

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS  
SECTION I - APPLICATION FEE AND FORM**

**Section I-1    Application Fee**

The application filing fee is \$500. Please attach your check to the enclosed invoice and mail it to:

Florida Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

Place a photocopy of the invoice and check in this section.

**Section I-2    Fingerprint Processing Fee**

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. Please see form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

Place a copy of your on-line payment confirmation along with the fingerprint cards in the management section (IV-5).

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see form OIR-C1-938 for instructions.

**NOTE: Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.**

**Section I-3    Application for License to Conduct Business as a Viatical Settlement Provider in the State of Florida.**

The application must be under oath and signed by the applicant. If the applicant is a corporation, an original signature under oath by the company's president and secretary must appear on this form.

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS  
SECTION II - LEGAL**

**Section II-1 Organizational Documents**

If the applicant is a corporation, include the applicant's Articles of Incorporation and all amendments. The certification letter must be an original. The corporation must be organized under the laws of this state or under the laws of any state, district, territory or commonwealth of the United States other than this state. If the applicant is not a corporation, include the articles of association, partnership agreement, trust agreement, or other similar organizational documents, together with all amendments to such documents.

**Section II-2 Certificate of Status from State of Domicile**

A certificate of status is a document issued by the applicant's state of domicile public records custodian for corporate records, generally the Secretary of State. The certificate documents that the company is duly organized and that all state taxes and fees have been paid. The certificate must show good standing, be sealed by the state, and be a recently prepared original document, not a copy.

**Section II-3 Company Bylaws or Similar Documents**

Please submit a copy of all of the company's current bylaws, rules, regulations, or similar documents regulating the conduct of the applicant's internal affairs. Corporate bylaws must be sealed, signed, and dated by the Secretary of the company. NO signatures other than the Secretary's will be accepted. The Secretary's statement must also be recently dated.

**Section II-4 Service of Process Consent and Agreement**

A Service of Process Consent and Agreement form is attached. NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

**Section II-5 Certificate of Status from Florida Secretary of State**

All foreign corporations are required to secure, through the office of the Florida Secretary of State, a charter to do business in Florida. An Application by Foreign Corporation for Authorization to Transact Business in Florida form is enclosed. This form must be completed in its entirety and filed with the Florida Secretary of State's Office.

If you have any questions concerning filing with the Florida Secretary of State, please contact their Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of Insurance Regulation as part of your viatical settlement provider application as proof of your filing with the Secretary of State as a foreign corporation.

**Important Note:** The Secretary of State will issue a charter to a company before the Office of Insurance Regulation completes its processing of an application for a certificate of authority. This charter authorizes the company to engage in any type of business except insurance. **Your company MAY NOT engage in the business of a viatical settlement provider in Florida until it has been issued a viatical settlement provider license by the Director of Insurance Regulation.**

**Section II-6 Fictitious Name Filing**

If the applicant plans to utilize a fictitious name, provide documentation of your compliance with the fictitious name statutes of this state. Contact the Florida Secretary of State at the following telephone number for assistance in complying with these requirements (850) 488-9000.

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS  
SECTION III - FINANCIAL**

**Section III-1 Detailed Plan of Operations**

The Office must have a clear understanding of the present and proposed operations of the applicant. Please provide a detailed narrative of the applicant's plan of operations including but not limited to the following information:

**A. History**

1. A brief history of the company since its incorporation.
2. A list of all states in which the applicant is licensed as a viatical settlement provider and the dates licensure was obtained. Also, identify all states in which you are currently doing business, but a license is not required.
3. Complete information concerning any litigation brought in connection with the business of viatical settlements, or any other administrative, civil or criminal action in which the applicant has been named as a defendant or co-defendant.

**B. Marketing Plan**

1. A detailed description of the company's marketing plan.
2. Projected volume of business in Florida and nationwide for the first three years after licensure.
3. A statement indicating whether the viatical settlement business is or will be the company's primary or sole business in Florida.

**C.** A detailed description of the experience, training, or education that qualifies the applicant to conduct the business authorized by the license applied for.

**D.** Any other information the company deems pertinent to its business that will help the Office make a determination as to whether the applicant is competent, trustworthy, and can lawfully and successfully act as a viatical settlement provider in the state of Florida.

**Section III-2 Deposit Requirement (MUST BE MET AT TIME OF APPLICATION)**

- A. \$100,000 in securities eligible for deposit under S. 625.52, F.S., OR
- B. \$25,000 in securities eligible for deposit under S. 625.52, F.S. AND a \$75,000 surety bond. (Bond form enclosed.)

**Section III-3 Financial Information**

- A. Amount and source of funds to be used in fulfilling the payment terms of viatical settlement contracts as projected in the marketing plan. If the applicant intends to utilize a “special purpose entity” or “financing entity” as defined in Section 626.9911(13) & (14), F.S., include the name, address, contact person and a copy of any agreements between the applicant and such entity.
- B. Provide the name and address of any person used or to be used to provide independent third-party escrow services pursuant to a viatical settlement contract, together with a sample copy of the trust or escrow agreement used or to be used between the Florida licensed provider and the escrow agent.
- C. Identify any related provider trust, if applicable, and include a copy of the organizational documents for the trust as well as copies of all forms the trust will utilize in transacting the business for which the applicant seeks licensure.

**Section III-4 Location of Books and Records and Florida Offices**

Provide the address of the applicant’s home office where all records are maintained, all branches operating in Florida, and the location of any single storage facility where books or records pertaining to the business of the applicant are or will be stored.

**SECTION III-5 Anti-Fraud Plan**

Provide two copies of the anti-fraud plan required by Section 626.99278, F.S. One copy to be forwarded to the Division of Insurance Fraud and the other retained to support your application.

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS  
SECTION IV - MANAGEMENT**

**ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

**Section IV-1 List of All Officers, Directors and Shareholders**

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.

**Section IV-2 Biographical Statement and Affidavits as to All Company Officers, Directors and Shareholders**

Provide a biographical affidavit (Form OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the Social Security Number on the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

### **Section IV-3 Investigative Background Reports**

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to form OIR-C1-905 for instructions.

### **Section IV-4 Fingerprint Cards**

Fingerprint cards must be completed for each person listed in Section IV-1. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**INSTRUCTIONS  
SECTION V - FORMS**

The Viatical Settlement Act requires that all applications, viatical settlement contract forms, viatical settlement purchase agreement forms, escrow agreements and other related forms proposed to be used by the applicant be filed with the Office. All such forms must be approved by the Office prior to use. Therefore, please place all forms (**3 COPIES OF EACH FORM**) in this section, including but not limited to the following:

**SECTION V-1 Forms - 3 copies of each**

- A. Application for Viatical Settlement Provider License
- B. Viatical Settlement Contract
- C. Escrow Agreements
- D. Viatical Purchase Agreement
- E. Other related forms.

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST  
SECTION I - APPLICATION FEE AND FORM**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Viatical settlement provider application fee paid .....	<input type="checkbox"/>
	a. Copy of invoice included .....	<input type="checkbox"/>
	b. Copy of check included .....	<input type="checkbox"/>
	c. Original invoice (Official Form) and check mailed to Florida Department of Financial Services .....	<input type="checkbox"/>
2.	Fingerprint fees paid electronically .....	<input type="checkbox"/>
	a. Copy of on-line payment conformation .....	<input type="checkbox"/>
	Or, if applicable	
	b. Copy of form OIR-C1-903 (Invoice) included .....	<input type="checkbox"/>
	c. Copy of check included.....	<input type="checkbox"/>
	d. Originals mailed to bureau of Financial Services .....	<input type="checkbox"/>
3.	Company completed application for license (Official Form) .....	<input type="checkbox"/>
	a. All blanks completed .....	<input type="checkbox"/>
	b. Sealed by company (as applicable) .....	<input type="checkbox"/>
	c. Signed by president and secretary (original signatures) .....	<input type="checkbox"/>
	d. Notarized (Original signature) .....	<input type="checkbox"/>

**RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE.**

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST  
SECTION II - LEGAL**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Organizational Documents	
	a. Articles of Incorporation .....	<input type="checkbox"/>
	(1) Original certification by state of domicile .....	<input type="checkbox"/>
	(2) Articles with all amendments attached .....	<input type="checkbox"/>
	b. Articles of Association .....	<input type="checkbox"/>
	c. Partnership Agreement .....	<input type="checkbox"/>
	d. Trust Agreement .....	<input type="checkbox"/>
	e. Other .....	<input type="checkbox"/>
2.	Certificate of Status from state of domicile .....	<input type="checkbox"/>
	a. Good standing indicated.....	<input type="checkbox"/>
	b. Sealed by state.....	<input type="checkbox"/>
	c. Signed by proper public official .....	<input type="checkbox"/>
	d. Original .....	<input type="checkbox"/>
3.	Company Bylaws (or similar documents) .....	<input type="checkbox"/>
	a. Signed and dated by corporate secretary .....	<input type="checkbox"/>
	b. Corporate seal (as applicable) .....	<input type="checkbox"/>
4.	Consent and Agreement in re Service of Process (Official form) .....	<input type="checkbox"/>
	a. Signed and dated by .....	<input type="checkbox"/>

- (1) President or Chief Executive Officer .....
- (2) Secretary .....
- b. Sealed by company (corporate seal) .....
- c. Original with all blanks completed .....
- 5. Original Certificate of Status from Florida Secretary of State (Foreign Corporations Only) .....
- 6. Original Fictitious Name Certificate (if applicable) .....

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST  
SECTION III - FINANCIAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Plan of Operations .....	<input type="checkbox"/>
a. History .....	<input type="checkbox"/>
(1) Brief history of the company .....	<input type="checkbox"/>
(2) List all states where applicant is licensed .....	<input type="checkbox"/>
(3) Information re litigation connected with viatical settlement business or other actions where applicant is/was defendant .....	<input type="checkbox"/>
b. Marketing plan	
(1) Description of marketing plan .....	<input type="checkbox"/>
(2) 3-year volume projection Florida/nationwide .....	<input type="checkbox"/>
(3) Statement re primary or sole business .....	<input type="checkbox"/>
c. Description of qualifying experience .....	<input type="checkbox"/>
d. Additional information .....	<input type="checkbox"/>
2. Deposit Requirements .....	<input type="checkbox"/>
a. \$100,000 Deposit .....	<input type="checkbox"/>
<u><b>OR</b></u>	
b. \$25,000 deposit and \$75,000 Surety Bond (Official bond form).....	<input type="checkbox"/>
3. Financial Information	
a. Amount and source of funds to meet planned projections identified .....	<input type="checkbox"/>
b. "Special purpose entity" or "financing entity" identified:.....	<input type="checkbox"/>

- 1) Name, address and contact person identified: .....
- 2) Copy of agreement between applicant and entity .....
- c. Third-party escrow agent(s)/trustee(s) information.....
- d. "Related provider trust" identified ..... 
  - (1) Copy of organizational documents .....
  - (2) Copies of all forms utilized in transacting business for which licensure are sought: .....
- e. Related provider trust documents, resolution and forms (if applicable).....
- 4) Location of applicant's home office, offices within Florida, and any single storage facility .....
- 5) Two copies of the anti-fraud plan required by Section 626.99278, F.S. .... 
  - a. Copy forwarded to Division of Insurer Fraud .....

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST  
SECTION IV - MANAGEMENT**

Company Name: \_\_\_\_\_

- | <u>Item #</u>  | <u>Company<br/>Check List</u> |
|--|-------------------------------|
| 1. Listing of officers, directors, controlling individuals, and shareholders.....  | <input type="checkbox"/>      |
| a. Separate listing of all officers, directors, controlling individuals,<br>and shareholders including percentage held and number and<br>class of shares for the company and its parents and/or holding<br>companies (Official Form) ..... | <input type="checkbox"/>      |
| b. If parent company indicated, organization chart.....  | <input type="checkbox"/>      |
| c. Full names and titles listed (including full middle name or indication<br>if one does not exist) .....  | <input type="checkbox"/>      |
| 2. Biographical Statement and Affidavit for each individual listed in<br>Section IV-1 (Official Form) .....  | <input type="checkbox"/>      |
| For each form:   |                               |
| a. All blanks completed .....  | <input type="checkbox"/>      |
| b. Contains original signature .....   | <input type="checkbox"/>      |
| c. Notarized (original) .....  | <input type="checkbox"/>      |
| d. Full name given (including full middle name or indication if<br>one does not exist) .....   | <input type="checkbox"/>      |
| e. Submitted original of each affidavit.....   | <input type="checkbox"/>      |
| f. Provide Social Security Number on separate page.....  | <input type="checkbox"/>      |

3. Investigative Background Report for each individual listed in Section IV-1 .....

4. Fingerprint Cards enclosed for each individual listed in Section IV-1 .....

For each card:

a. Card obtained from the Office of Insurance Regulation .....

b. Card contains original signature .....

c. No erasures on or alteration of card .....

d. All blanks completed .....

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**CHECK LIST  
SECTION V - FORMS**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Company Check List</u>
1. Forms	
a. Application for Viatical Settlement Provider License - 3 copies .....	<input type="checkbox"/>
b. Viatical Settlement Contract - 3 copies .....	<input type="checkbox"/>
c. Escrow Agreements – 3 copies .....	<input type="checkbox"/>
d. Viatical Settlement Purchase Agreements – 3 copies.....	<input type="checkbox"/>
e. Other Related Forms - 3 copies of each form (Please list):	
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

\*Upon approval of the application, the licensee must submit all forms for review and approval as set forth in the attached filing instructions for viatical forms.

**APPLICATION FOR LICENSE  
VIATICAL SETTLEMENT PROVIDER**

**CHECKLIST VERIFICATION**

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by \_\_\_\_\_ that he/she has read said  
(Entity Name)

application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

**INSTRUCTIONS FOR MAKING REQUIRED DEPOSIT  
VIATICAL SETTLEMENT PROVIDER**

Securities eligible for deposit must be of the type as required, pursuant to Section, 625.52, Florida Statutes.

Certificate of Deposit MUST be issued by Florida solvent bank that has entered into a CD Agreement with the Office.

We require that all bonds accepted for deposit be of the top four ratings (AAA, AA, A, BAA) Moody's and/or Standard and Poors. The Company must provide this office with the MARKET VALUE and RATING of the securities sent for deposit. This information should come from a reputable brokerage firm. If the securities are a new purchase, you may send a copy of the purchase invoice providing market value and have your broker supply the rating.

You may send registered or negotiable securities. Registered securities and Certificate of Deposit must be registered in the following manner:

“DIRECTOR OF INSURANCE REGULATION OF FLORIDA IN TRUST FOR “(name of entity)”.

Registration should read for the account of the company doing business in Florida (full legal name of Viatical Settlement Provider including d/b/a). The Bureau of Collateral Management must authorize any abbreviations or alterations in this registration.

Interest earned on registered securities will be sent directly to any address designated by the company. On company letterhead, the company must provide the designated address for the Bureau of Collateral Management.

Coupons on negotiable securities are serviced by the Bureau of Collateral Management and are delivered to any address designated by the Company. Again, the Bureau of Collateral Management must be notified of the designated address.

Securities may be substituted at any chosen time. However, the replacement securities must be in this office before we will release those you wish to exchange.

The address and phone number for the Bureau of Collateral Management is:

Department of Financial Services  
Bureau of Collateral Management  
Capitol Building, Room P-3  
Tallahassee, Florida 32399-0345  
(850) 413-3167

**APPLICATION FOR LICENSE TO CONDUCT BUSINESS  
IN THE STATE OF FLORIDA  
VIATICAL SETTLEMENT PROVIDER**

\_\_\_\_\_, 20\_\_\_\_

TO THE DIRECTOR OF INSURANCE REGULATION,  
TALLAHASSEE, FLORIDA

Sir: The \_\_\_\_\_  
(Give name of company or association in full)

Federal Employer Identification Number: \_\_\_\_\_

Of \_\_\_\_\_  
(Home Office Address) (City) State (Zip)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Through its duly authorized officers, hereby applies for a license authorizing and empowering the company or association aforesaid to act as a viatical settlement provider in the State of Florida, under the laws thereof, and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By: \_\_\_\_\_  
President or Chief Executive Officer

(Corporate Seal)

Attest: \_\_\_\_\_  
Secretary

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Name of attorney or principal filing this application:

\_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**INVOICE**

**VIATICAL SETTLEMENT PROVIDER  
PAYMENT OF APPLICATION FEE**

**NAME OF COMPANY:** \_\_\_\_\_

**FEIN #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP CODE:** \_\_\_\_\_

**Address (IF DIFFERENT FROM ANY ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**It is necessary for you to return this form with the fee payment.**

**PLEASE NOTE:**

1. Only mail the application fee (make check payable to the Florida Department of Financial Services) and the invoice to: Department of Financial Services, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.
  
2. Send a copy of the check and a copy of the invoice along with the complete application package to: Office of Insurance Regulation, Applications Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

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RECEIPT NUMBER	F/T	AMOUNT	TYPE	CLASS	B/T
	L	\$500.00	12	16	C

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# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

Original Designation     Insurer Name Change     Merger / Acquisition     Update Delivery Information

Insurer or Company Name: \_\_\_\_\_

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEI # \_\_\_\_\_

FL Company Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

## Designated Person

to receive process: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

## Signature:

\_\_\_\_\_

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name(Typed or Printed)

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.

SEAL

OIR-C1-144  
Rev 06/2004

**NOTE: THIS FORM AND METHOD OF PAYMENT FOR USE ONLY BY NON-U.S. CITIZENS WITH NO SOCIAL SECURITY NUMBER – ALL OTHER APPLICANTS SEE OIR-C1-938 FOR FINGERPRINT PROCESSING PAYMENT INSTRUCTIONS**



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

**INVOICE FOR NON-U.S. CITIZENS WITH NO SOCIAL SECURITY NUMBER**

**REQUEST FOR PAYMENT OF FINGERPRINT CHARGES**

NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

\_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

In reference to the recent submission by the above referenced insurer regarding the fingerprint cards requested on each officer and/or director, it is necessary that this form and the fingerprint cards be returned with the proper payment as listed below for the processing of these cards.

**PLEASE NOTE:**

1. Send a check in the proper amount payable to the Florida Department of Financial Services and **mail check and invoice only** to the Department of Financial Services, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.
2. Send fingerprint cards, a **copy** of the check and invoice along with the completed application package to the Florida Office of Insurance Regulation, Company Admissions, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0332.

**B/T**  
**C**

**TY/CL**  
**1002**

**F/T**  
**F**

**FEE SCHEDULE:**

Number of Cards \_\_\_\_\_ @ \$64.00 per person ... \$ \_\_\_\_\_

**Attach list of individuals for whom fingerprint cards are submitted with this invoice.**



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

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**INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS**

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package.
2. Please refer to the NAIC website at [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm), "Third Party Vendors for Background Reports", for specific information regarding background investigation vendors.
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will transmit investigative reports electronically to the Florida Office of Insurance Regulation ("Office") to this e-mail address: [bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com) in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.
5. Applicants are required to arrange for the reports to be directly transmitted to the Office by the selected vendor to this e-mail address: [bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com) prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Acquisition filings must include evidence indicating that background reports have been ordered, including proof of payment.
7. Any questions regarding this process may be directed to the Office at [appcoord@flor.com](mailto:appcoord@flor.com)



# Office of Insurance Regulation

## Company Admissions

### FINGERPRINT CARD AND PAYMENT INSTRUCTIONS

**For instructions on payment of fingerprint processing fees, and for using the digital fingerprint option, see Page 2.**

Fingerprints submitted on a card not provided by the Florida Office of Insurance Regulation will not be accepted.

THE CARD MUST BE SIGNED BY THE APPLICANT.

FLORIDA RESIDENTS: You must take the fingerprint card to a law enforcement agency in Florida for fingerprint service.

OUT OF STATE RESIDENTS: CONSULT YOUR LOCAL LAW ENFORCEMENT AGENCIES FOR ADDITIONAL INSTRUCTIONS.

The top portion of the fingerprint card must be completed in order for FDLE and FBI to process the card. If the law enforcement agency does not fill out the top portion of the card for you, you are responsible for filling it out with all information applicable to you.

The following specific instructions should be followed:

- ◆ Fingers should be washed and dried thoroughly prior to prints being taken.
- ◆ Do not sign the fingerprint card until you are in the presence of the person who will take the fingerprints.
- ◆ The fingerprint card **MUST** be typed or filled out in **BLACK INK**.
- ◆ Your name, at the top of the fingerprint card, and all other information should be typed or printed clearly.
- ◆ Identity of private contractors should be shown in space "EMPLOYER AND ADDRESS".
- ◆ The section titled Date of Birth DOB, Place of Birth POB, SEX, HGT (height), WGT, (weight), EYES, and HAIR must all be filled out.

RACE- Use W for White, B for Black, A for Asian, I for Indian, etc. DO NOT USE THE LETTER C.

HGT- Use feet and Inches. DO NOT USE TOTAL INCHES.

EYES AND HAIR- To describe color of eyes and hair, use appropriate three letter code from the following list:

<u>COLOR</u>	<u>CODE</u>
Bald**	BAL (Hair Only)
Black	BLK (Hair Only)
Blond or Strawberry	BLN (Hair Only)
Blue	BLU (Eyes Only)
Brown	BRO
Gray or Partially Gray	GRY (Hair Only)
Green	GRN (Eyes Only)
Hazel	HAZ (Eyes Only)
Red or Auburn	RED (Hair Only)
White	WHI (Hair Only)

- ◆ \*\*Bald (BAL) is to be used when the subject has lost most of the hair on top of their head.
- ◆ The section titled Citizenship CTZ is for your citizenship –USA, Cuba, Canada, etc.
- ◆ The section titled Armed Forces No. MNU is for your military service number if you have one.
- ◆ The section titled Social Security No. SOC is for your social security number if you have one, and it is VERY IMPORTANT. However, pursuant to section 119.072, Florida Statutes, the social security number must be collected and maintained on a separate page, see attached.
- ◆ You are not required to fill out the sections titled:

Your No. OCA  
 FBI No. FBI  
 Miscellaneous No. MNU

Do not fold or damage the fingerprint card in any way. The fingerprint card cannot be processed if it has been folded, erased or damaged. You may include cardboard backing to protect the fingerprint card if you like.

NOTICE: Your fingerprint card must be typed or filled out in BLACK INK. Information which has been entered on the cards may not be altered in any way, i.e., erased, covered with correction fluid or tape, marked out, etc. In addition, cards may not be folded, stapled, torn or marred in any way.

## FINGERPRINT PAYMENT AND LIVESCAN INSTRUCTIONS

### **When submitting paper fingerprint cards:**

1. Pre-payment of fingerprint processing fees shall be made electronically at [www.fldfsprints.com](http://www.fldfsprints.com)  
  
Step 1: Begin Registration.  
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR.  
Step 3: Pay for Ink Card Submission.  
Step 4: Enter Personal Information.
2. Submit a copy of the on-line payment confirmation along with the completed cards and other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

### **When using the LiveScan Option (Florida residents only):**

1. Pre-payment of fingerprint processing fees for LiveScan submissions shall be made electronically at [www.fldfsprints.com](http://www.fldfsprints.com).  
  
Step 1: Begin Registration.  
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR  
Step 3: Enter a zip code to determine the closest fingerprinting location **or** choose the region you will be in for your identification appointment.  
Step 4: Enter Personal Information.
2. Submit a copy of the on-line payment confirmation along with other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

**Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.**

For questions email [appcoord@flor.com](mailto:appcoord@flor.com).

# **CONFIDENTIAL**

Pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07, Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

The requirement for the applicant's social security is mandatory.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

**Notice of Intent to use a Related Provider Trust**

Provider/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Licensed Viatical Settlement Provider # \_\_\_\_\_ Applicant**

**Viatical Settlement Provider**

Know all men by these present, that the Provider or Applicant named above hereby gives notice to the Office of Insurance Regulation of its intent to use a Related Provider Trust, as defined in § 626.9911(7) of the Florida Statutes.

The Provider or Applicant does hereby represent that the Related Provider Trust named below, established by the Provider or Applicant pursuant to the attached Trust Agreement, is being or has been established as a Related Provider Trust as defined by § 626.9911(7), F.S., for the sole purpose of entering into or owning viatical settlement contracts. The Related Provider Trust is subject to all provisions of the Viatical Settlement Act that apply to viatical settlement providers except §626.9912, F.S. and shall be the only Related Provider Trust established by the Provider or Applicant.

The Provider or Applicant further represents that it understands it is liable and responsible for the performance of all obligations of the Related Provider Trust established by it, and is also responsible for compliance by the Related Provider Trust with all provisions of the Viatical Settlement Act. Further, the Provider or Applicant acknowledges that it accepts responsibility for any violation of the Act by the Related Provider Trust as if it is a violation of the Act by the Provider or Applicant.

Related Provider Trust Name: \_\_\_\_\_

Trustee Name: \_\_\_\_\_

Trustee Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of the provider or applicant, being duly authorized by the Board of Directors or governing body of said entity to execute this document, have hereunto set our hands and affixed the seal of said entity on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, A.D.

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
President or CEO (Typed or Printed)  
Seal

\_\_\_\_\_  
Secretary (Typed or Printed)

Signatures must be validated by the attachment of a resolution of the Board of Directors or Governing body authorizing the establishment of a Related Provider Trust and Execution of this document.



**OFFICE OF INSURANCE REGULATION**

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*Company Admissions*

**MANAGEMENT INFORMATION FORM  
COMPLETE LIST OF OFFICERS,  
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**COMPANY  
NAME:** \_\_\_\_\_

**OFFICERS:**

**TITLES:**

**OWNERSHIP PERCENTAGE:**

**DIRECTORS:**

**SHAREHOLDERS:**



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**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. Affiant's Full Name (Initials Not Acceptable). \_\_\_\_\_
2.
  - a. Are you a citizen of the United States?
  - b. Are you a citizen of any other country, if so, what country? \_\_\_\_\_
3. Affiant's Occupation or Profession. \_\_\_\_\_
4. Affiant's business address. \_\_\_\_\_  
Business telephone. \_\_\_\_\_
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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(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.)

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7. Present or proposed position with the applicant entity. \_\_\_\_\_

8. 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) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

9. 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. \_\_\_\_\_

10. 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.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). 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) \_\_\_\_\_

11. 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? \_\_\_\_\_

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 nolo contendere, 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.

\_\_\_\_\_  
\_\_\_\_\_

- 12. 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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

\_\_\_\_\_

- 13. 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.

\_\_\_\_\_  
\_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details.

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

14. Have you ever been adjudged a bankrupt? \_\_\_\_\_ If yes, provide details \_\_\_\_\_

15. 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 \_\_\_\_\_ 20\_\_ 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)

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



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal 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. Affiant's Full Name (Initials Not Acceptable). \_\_\_\_\_
2. Have you ever used any other name including nickname, maiden name or aliases? \_\_\_\_ If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number \_\_\_\_\_
4. Government Identification Number if not a U.S. Citizen \_\_\_\_\_

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

5. Foreign Student ID# (if applicable) \_\_\_\_\_

6. Date of Birth: (MM/DD/YY) \_\_\_\_\_ Place of Birth: City \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_

7 Name of Affiant's Spouse (if applicable) \_\_\_\_\_

8. 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
------------------	---------	------	--------------------	---------	-------------


Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ 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)

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

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** (*All states except California, Minnesota and Oklahoma*)

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 a 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

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)**

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 a 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 request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[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." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**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

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)**

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ **[insert company name]** (“Company”) for licensure or a permit to organize (“Application”) with a 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 any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are 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 will be obtained through \_\_\_\_\_ **[insert name of CRA, address]** (“CRA”). 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 request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[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.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**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. In no event, however, will this authorization remain in effect beyond 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