



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

**INSTRUCTIONS FOR LIFE SETTLEMENT BROKER INDIVIDUAL,
LIFE SETTLEMENT BROKER BUSINESS ENTITY APPLICATIONS
AND REGISTRATION FORM FOR LIFE INSURANCE BROKERS**

All applicants for a Life Settlement (Viatical) Broker Individual and/or Business Entity license should review the Department's [Rule and Regulation 69](http://www.insurance.arkansas.gov), which is accessible on the Department's Website at <http://www.insurance.arkansas.gov>. Select the Legal Division section and then select "Final Rules."

Note: Viatical is included under the Life Settlement license in the State of Arkansas.

I. LIFE SETTLEMENT BROKER INDIVIDUAL:

1. The fee for a life settlement individual broker license is \$100.00 annually. Please make you check, money order or cashier's check made payable to the Arkansas Insurance Department Trust fund.
2. We need a current home state certification showing you are licensed and in good standing in your state of residence.
3. Complete the Life Settlement Broker form number AID-LI-LSBI.

II. LIFE SETTLEMENT BUSINESS ENTITY:

1. The fee for a Life Settlement Broker Business Entity license is \$100.00. Please make your check, money order or cashiers check made payable to the Arkansas Insurance Department Trust Fund.
2. Attach a current home state certifications showing you are licensed and in good standing in your state of residence for the same license for which you are applying in Arkansas.
3. The Life Settlement Broker must have at least one licensed Life Settlement Broker Individual licensed in Arkansas.
4. Complete the Life Settlement form number AID-LI-LSBE.

III. LIFE SETTLEMENT PRODUCER NOTICE

Producers who are licensed in Arkansas as a producer (agent or broker) for life must register as a Life Settlement Producers by using Form AID-LI-LSPN. There is no fee for registration and the registered producer can act as a Life Settlement Producer.



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Life Settlement (Viatical) Broker Individual
(Please Print or Type)

Form fields 1-35 including Soc. Security Number, NASD Individual Central Registration Depository (CRD) Number, Last Name, First Name, Middle Name, Date of Birth, Residence/Home Address, P.O. Box, City, State, Zip Code, Foreign Country, Home Phone Number, Gender, Citizenship, Business Entity Name, Business Address, Business Phone Number, Business Fax Number, Business E-Mail Address, Business Web Site Address, Applicant's Mailing Address, and other assumed or trade names.

Life Settlement Business Entity Affiliations

Field 36: List your Life Settlement Broker Business Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)
FEIN _____ Name of Life Settlement Broker Business Entity _____

Employment History

Field 37: Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.
Table with columns: Name, City, State, Foreign Country, From Month, From Year, To Month, To Year, Position Held.

Department Use Only: Date received _____ Funds Received _____ Ch # RS # _____
Date Processed _____ Other _____
ASI Received Dated _____ Date Passed _____ Exam Passed _____

7. Do you have a child support obligation in arrearage? Yes No
- If you answer yes,
- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to a repayment agreement? Yes No
- c) Are you the subject of a child support related subpoena/warrant? Yes No

Applicants Certification and Attestation

40 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)



Identification Bureau Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____

Driver's License #: _____ State of Issue: _____

Mailing Address: _____
Street City State ZIP

Daytime Phone #: () _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: _____ ARKANSAS INSURANCE DEPARTMENT
(First/MI/Last Name) or Full Name of Agency

Mailing Address: _____ 1200 West Third Street Little Rock AR 72201-1904
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the
_____ day of _____, 20_____ .

Notary Public

82001 Civil Record Check