



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

VIATICAL BROKER LICENSE APPLICATION

To the Insurance Commissioner of the State of Arkansas

The undersigned hereby applies for a Viatical Broker License and submits the following information:

- 1. Name (All)
2. Residential Address (For Individual License Only)
3. Business Address and Phone (All)
4. Social Security Number or FEIN Number if Agency, Firm or Business Organization
5. Date of Birth (For Individual License Only)
6. Type of Licensing Applied for as Broker: Individual, Agency, Firm or Business Organization, Other (All)
7. Employment history for the last five years. Begin with most recent employment. (For Individual License Only)

Table with 4 columns: Date (From, To), Employer, Address and Phone Number, Occupation. It contains four empty rows for data entry.

- 8. (A) Have you been discharged from employment for failing to account, embezzlement or other irregularities in money transactions? (For Individual License Only)
(B) Have you ever been convicted of a felony, or pled guilty or pled nolo contendere to a felony?
(C) Have you ever been convicted of or pled guilty to any misdemeanor, within the last five (5) years, involving theft, fraud, embezzlement or mishandling of funds?

9. Name and address of each individual viatical settlement broker representing the Firm/Corporation in this state? (For Firm, Business Organization, Corporation License Only)

SS#	Name	Address

10. Has each person above applied for and been approved for an individual viatical settlement broker's license with the Arkansas Insurance Department? (For Firm, Business Organization, Corporation License Only) Yes No

11. Has your firm, agency, corporation, or organization registered with the Arkansas Secretary of State's Office, either as a domestic corporation or organization or foreign organization registered to conduct business in this state? (For Firm, Business Organization, Corporation License Only) Yes No
If yes, please attach copies of your articles of incorporation or organization. If a foreign corporation or organization, attach a certificate of compliance or evidence of registration from the Secretary of State's office showing that you are a currently registered or authorized foreign corporation or organization authorized to conduct business in this state.

12. Are you conducting business in this state under an assumed business name (DBA)? (All) Yes No
If yes, please list each and every assumed business name, with the location and phone number of such business.

13. Has the applicant ever been subject to any regulatory action or investigation including cease and desist orders? (All) Yes No
If yes, please describe in detail the regulatory action or investigation you are or were subject to giving the dates, subject matter, regulatory agency, and location of such action.

14. Has the applicant ever had an application denied by any insurance or regulatory authority? (All) Yes No
If yes, please describe the circumstances of such denial, providing the subject matter, time, location and identity of the insurance or regulatory authority denying the application.

15. Has the applicant ever had a Certificate of Authority or license revoked or suspended by any regulatory authority? (All) Yes No
If yes, please provide a full explanation of such actions, describing the subject matter of the revocation or suspension, the date and identity of the regulatory authority taking such action.

FOR NON-RESIDENT APPLICANTS ONLY

Appointment of the Insurance Commissioner as Attorney to Receive Legal Process

The Arkansas Insurance Commissioner is hereby appointed as attorney to receive service of legal process, upon causes of action arising within Arkansas, issued against:

(Insert Name and Address of the Viatical Settlement Broker)

a licensed viatical settlement broker in the State of _____. It is agreed that service upon the Commissioner as attorney shall constitute effective legal service upon the non-resident licensee, and this appointment shall be irrevocable for as long as there could be any cause of action against the company/provider arising out of the viatical settlement transactions in the state of Arkansas.

The licensee has executed this document as required to obtain or retain a non-resident license from the Insurance Commissioner of the State of Arkansas.

Signed: _____
For Viatical Broker

Title: _____

Date: _____

Notarization

State of _____

County of _____

Before me, the undersigned authority, personally appeared _____ who after being duly sworn, did depose and say that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct.

Signature of Applicant or Authorized Representative

Printed Name and Title of Authorized Representative

SWORN to and subscribed before me this _____ of _____, _____.
(Day) (Month) (Year)

Notary Public's Signature

My Commission expires:
