

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE**

VIATICAL SETTLEMENT PROVIDER LICENSE TRANSMITTAL

To be eligible for a license a viatical settlement provider must provide updated, current and accurate records of the following information to be reviewed and maintained in the Department's files at all times. Refer to each numbered item below and identify by a "Check Mark (✓)" (if item is applicable and documents are attached), "N/A" (if item is NOT Applicable to the viatical settlement provider's operations), or for renewals "P/P" (if item Previously Provided), or "N/C" (if No Change has occurred to items requested since last filing). Each item listed below must be noted accordingly.

1. ____ Application for Viatical Settlement Provider License form **VAPP**. Refer to NCGS 58-58-210(a).
2. ____ A completed Biographical Affidavit for Viatical Settlement Provider form **VPBIO** for each individual responsible for the conduct of affairs of the viatical settlement provider and or control or influence over the affairs of the viatical settlement provider. A listing of the names, addresses and official positions must be provided each year at renewal. Refer to NCGS 58-58-210(d) and Title 11 NCAC 12.1711(a)(2)(D and H).
3. ____ Certified copy of charter and bylaws, rules, regulations, or similar documents regulating the internal affairs of the viatical settlement provider. NCGS 58-58-210(d) and Title 11 NCAC 12.1711(a)(2).
4. ____ All organizational documents of the viatical settlement provider, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreements, or any other applicable documents. Include all amendments made to these documents. Refer to NCGS 58-58-210(d).
5. ____ A schedule listing the names of financial institutions with which the provider has escrow trust agreements, indicating the balance on each account and copies of all escrow and trust agreements. Title 11 NCAC 12.1711(a)(2)(E).
6. ____ Provide a copy of a complete financing plan, with all financing documents. Any amendments to the financing plan must be filed with the Commissioner. Title 11 NCAC 12.1711(a)(2)(G).
7. ____ A plan of operation including information on staffing levels and activities proposed in this state and nationwide. Refer to Title 11 NCAC 12.1711(a)(2) for information required in the plan of operation.
8. ____ If the provider employs or has contracted with a viatical settlement broker, submit evidence of broker's license with the Department as a viatical settlement broker. Refer to NCGS 58-58-210(a).
9. ____ Completed Power of Attorney to Acknowledge Service of Process, form **VPA**. Refer to NCGS 85-58210(g).
10. ____ Two specimen copies of each contract, application, information brochure, proposal and Disclosure form. Include unique and identifying form numbers in lower left hand corner of the face page of each form. Refer to Title 11 NCAC 12.1716(a). Also include a list of the forms numbers with a description of each form.
11. ____ Filing fee of **\$500**. If this is a renewal application, also include a notarized certification from the company's president attesting there has been no change to the information on file required by NCGS 58-58-210 and Title 11 NCAC 12.1711.

- 12. ____ Current copy of letter of good standing from the insurance department of the applicant's state of domicile.
- 13. ____ Antifraud plan pursuant to NCGS 58-58-268(b).

Instructions

This transmittal should be completed and attached as a cover page for the Licensure package. All forms and fees shall be submitted together.

Issued In The Name Of

Signature of Preparer

Date

Address

() _____
Telephone Number

() _____
Fax Number

e-mail address: _____

RETURN TO:

**Life and Health Division
North Carolina Department of Insurance
License Applications should be sent electronically to
LHinbox@ncdoi.gov**

Or

See Instructions for CITRIX ShareFile

Filing Fee should be mailed to:

**1201 Mail Service Center
Raleigh, NC 27699-1201 or
for Overnight Delivery Only
425 North Salisbury Street
Raleigh, NC 27603**

If you have questions please contact:

**Rebecca Hill
(919)807-6060
Rebecca.Hill@ncdoi.gov**

FORM MAY BE DUPLICATED WITHOUT MODIFICATION

