

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE**

APPLICATION FOR VIATICAL SETTLEMENT PROVIDER LICENSE RENEWAL

(date)

On behalf of

(Name of Individual, Corporation, or Partnership)

with principal offices at _____
(Street)

(City)

(State)

(Zip)

(Telephone Number)

(Fax Number)

Federal Tax ID #: _____

I hereby apply for a license empowering the above entity to act as a Viatical Settlement Provider pursuant to the Viatical Settlements Act found in North Carolina General Statute Chapter 58, Article 58 Part 5. Should the above entitled viatical settlement provider have an office in North Carolina, its location is hereby recorded as:

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(Fax Number)

Please respond accordingly:

1. Has the applicant had a previous application for a viatical settlement provider license or registration denied for cause within the past five (5) years?

_____ yes

_____ no

If yes, was information previously provided? _____

If not previously provided, attach an explanation.

2. Has the applicant had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state, or has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action?

____ yes ____ no If yes, was information previously provided? _____
If not previously provided, attach an explanation.

3. Has the applicant had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as a viatical settlement provider?

____ yes ____ no If yes, was information previously provided? _____
If not previously provided, attach an explanation.

4. Has the applicant been declared insolvent or discharged from bankruptcy within the past five (5) years?

____ yes ____ no If yes, was information previously provided? _____
If not previously provided, attach an explanation.

5. Has either the applicant or any of its officers, directors or managers been convicted of, or pleaded guilty or nolo contendere to a charge of crime involving fraud, dishonesty, or moral turpitude in any jurisdiction, or violation of any insurance statute or administrative rule?

____ yes ____ no If yes, was information previously provided? _____
If not previously provided, attach an explanation.

5a. If yes, was the charge of crime a felony? _____ yes ____ no

6. Has the provider demonstrated reasonable payments to the viator as required by Title 11 NCAC 12.1713?

_____yes ____ no
If no, attach an explanation.

7. Have viatical settlement contract forms, applications, and disclosures been filed and approved by this Department, as required by North Carolina General Statute 58-58-220?

_____yes ____no
If no, they must be filed for approval.

8. Has the provider assigned, transferred, or pledged a viaticated policy to a person other than a provider licensed in this State, viatical settlement purchaser, an accredited investor, or qualified institutional buyer as defined respectively in Regulation D, Rule 501 or Rule 144A of the Federal Securities Act of 1933, as amended, financing entity, special purpose entity, or related provider trust?

____yes ____no If yes, was this information previously provided? _____
If not previously provided, attach an explanation.

9. Will the applicant administer its business in conformance with all provisions of the Viatical Settlements Act, North Carolina General Statute 58, Article 58, Part 5?

_____ yes _____ no

The applicant has executed this application; and knows the contents thereof and attachments thereto; to the best of his knowledge and belief, the statements made in said application and in any attachment thereto are true, correct and complete in every material respect and do not contain any statement which, under the circumstances under which is made, would be false, or would tend to be misleading in respect to any material fact; and has read and understands the applicable insurance laws of the State of North Carolina.

If Corporation:

(President) _____
(Please type name beside signature)

(Secretary) _____
(Please type name beside signature)

If Partnership:

(Partner) _____
(Please type name beside signature)

(Partner) _____
(Please type name beside signature)

If Individual: _____
(Please type name beside signature)

RETURN TO:

**Life and Health Division
North Carolina Department of Insurance
1201 Mail Service Center
Raleigh, NC 27699-1201**

Or

**FOR OVERNIGHT DELIVERY ONLY - 430 North Salisbury Street
Raleigh, NC 27603-1389**

If you have any questions please contact:

**Rebecca Hill
(919) 733-5060 ext. 355
Rebecca.Hill@ncdoi.gov**

FORM MAY BE DUPLICATED WITHOUT MODIFICATION