



NC DEPARTMENT
of INSURANCE
MIKE CAUSEY, COMMISSIONER

Application for Viatical Settlement Provider License

State of North Carolina
Department of Insurance

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: _____

Email for company: _____

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in this or any other state, or has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action?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.

- a) 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.

b) If yes, was the charge of crime a felony?

Yes No

6. Will the applicant administer its business in conformance with all provisions of the Viatical Settlements Act, North Carolina General Statute Chapter 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 it 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

Electronically to:
Lhinbox@ncdoi.gov

Or
Citrix ShareFile

Filing fee should be mailed to:

1201 Mail Service Center
Raleigh, NC 27699-1201

or for overnight delivery only:
3200 Beechleaf Ct.
Raleigh, NC 27604

If you have any questions, please contact:
Rebecca Hill
(919) 807-6060
Rebecca.Hill@ncdoi.gov

Form may be duplicated without modification.