



**JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA**

P.O. Box 94214  
Baton Rouge, Louisiana 70804-9214  
Phone (225) 342-5900  
Fax (225) 342-3078  
<http://www.lidi.state.la.us>

**INSTRUCTIONS FOR  
ANNUAL REPORT FOR A  
VIATICAL SETTLEMENT BROKER  
IN THE STATE OF LOUISIANA**

**GENERAL INSTRUCTIONS**

This packet is designed to assist the individual preparing the annual report in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the report. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance  
Company Licensing Division  
P.O. Box 94214  
Baton Rouge, LA 70804-9214  
Phone: (225) 219-4318  
Fax: (225) 219-9322  
E-Mail Address: [mboutwell@ldi.state.la.us](mailto:mboutwell@ldi.state.la.us)

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) This annual report must be filed by all licensed viatical settlement brokers and by all persons acting as a viatical settlement broker pursuant to a life producer license issued by the Louisiana Department of Insurance.
- 2) The annual report must be postmarked no later than March 1 of each year and the information contained in the report is for the period from January 1 to December 31 of the previous year.
- 3) All submittals in association with this report must reach this Office via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 4) Submit only a fully completed report. Submittal of a partially completed form will cause processing delays and may result in denial of the report as incomplete.
- 5) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your situation, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

- 6) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 7) All entries in the report forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the denial of the annual report as incomplete.
- 8) When designating a contact person, please remember that all correspondence from our Department will be directed to this individual. Therefore, please choose a person who will be able to respond to most inquiries or direct them to the appropriate person for response. We must be notified in writing of any change in the contact person during the course of the year.
- 9) It is the responsibility of the broker to insure that none of the responses and submittals in association with this report conflict with the information filed with the domiciliary state. Conflicting information may result in regulatory action.

**EXPIRATION OF VIATICAL SETTLEMENT BROKER LICENSE**

A viatical settlement broker license expires annually March 1 (the same day which this annual report is due). To renew the license you must respond “Yes” to the appropriate question in Section 2 and pay the required fee of \$50.00 with this report.

**RENEWAL OF LIFE INSURANCE AGENT LICENSE**

A person acting as a viatical settlement broker pursuant to a life insurance producer license issued by the Louisiana Department of Insurance is not required to pay a separate renewal fee to operate as a viatical settlement broker. Renewal of the life producer license pursuant to the applicable statutes is all that is required.

**SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE**

The signatures which appear on the attestation page are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

<b>IF THE APPLICANT IS A(N)...</b>	<b>THE APPLICATION SHOULD BE SIGNED BY...</b>
Individual	the applicant
Corporation	any two officers
Association	any two officers
Partnership	two partners
Trust	two trustees
Any other	contact the Department for instructions

## **COMMON QUESTIONS**

The following are some of the most commonly asked questions regarding the annual report package and process.

**Q: Where can I find the laws and regulations governing viatical settlement brokers in Louisiana?**

**A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code and most laws enacted by the Louisiana Legislature which affect viatical settlement brokers can be found in that Title. Copies of the complete Louisiana Insurance Code can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below.**

**National Insurance Law Service  
P.O. Box 2507  
Chatsworth, CA 91313  
1-800-423-5910**

**Q. When does my viatical settlement broker license expire?**

**A. A viatical settlement broker license expires annually on March 1. Please note that a life insurance producer license expires on April 30 of every even numbered year.**

**Q: Will I be notified of the acceptance of the annual report?**

**A: Each broker will be notified of the receipt and acceptance of the annual report. This notification or a request for additional information can be expected thirty (30) to sixty (60) days from our receipt of the annual report form.**



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**ANNUAL REPORT FOR A  
VIATICAL SETTLEMENT BROKER  
IN THE STATE OF LOUISIANA**

**General Information (Type or Print)**

**FULL BROKER NAME\*:** \_\_\_\_\_

**FEIN NO.:** \_\_\_\_\_ **LOUISIANA LIFE INSURANCE AGENT LICENSE NO.:** \_\_\_\_\_

**REPORT FOR YEAR ENDED DECEMBER 31,** \_\_\_\_\_

**DOMICILE:** \_\_\_\_\_

**HOME OFFICE ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT NAME†:** \_\_\_\_\_ **CONTACT TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FACSIMILE:** \_\_\_\_\_

**CONTACT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

\* Do not use initials or other abbreviations unless those are the legal name of the entity.

## SECTION 2 - INTERROGATORIES

All of the following questions must be answered on behalf of every broker. ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

1) Has the broker ever had an application denied by any insurance regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the broker ever had a Certificate of Authority or license revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the broker or any person who is presently an officer, director, partner, trustee, owner of 10% or more or other such person of the broker ever been convicted of or pled guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the broker ever been subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Is the broker licensed as a viatical settlement broker in any other state other than Louisiana? If yes, provide a list of those states.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Do you wish to renew the viatical settlement broker license issued to this entity? (LIFE INSURANCE PRODUCERS ACTING AS VIATICAL SETTLEMENT BROKERS SHOULD NOT ANSWER THIS QUESTION. YOU MUST RENEW YOUR LIFE INSURANCE PRODUCER LICENSE IN COMPLIANCE WITH THE APPLICABLE STATUTES.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO



## SECTION 4 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (DO NOT USE INITIALS), social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the broker. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, ten percent or more of the broker and any other person who exercises control or influence over the affairs of the broker. THIS LIST MUST INCLUDE THE NAMES OF ALL PERSONS ACTING AS VIATICAL SETTLEMENT BROKERS. You may reproduce this form as needed.

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

**ATTESTATION**

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_

and \_\_\_\_\_ who, after being duly sworn, did depose and say that all information

contained in this report and all attachments thereto is, to the best of his knowledge, true, complete and correct.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_