



**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.la.gov>

**INSTRUCTIONS FOR  
APPLICATION TO ACT AS A  
VIATICAL SETTLEMENT PROVIDER  
IN THE STATE OF LOUISIANA**

**GENERAL INSTRUCTIONS**

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. 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) 342-3078  
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) All submittals in association with this application must reach us 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.
- 2) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 3) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 4) All original items submitted become the property of the Louisiana Department of Insurance and **will not be returned**.
- 5) All certified documents required in the application must be dated within ninety (90) days of submittal of the application and all certifications must be original.

- 6) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 7) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 8) We must be notified of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors and changes in address or domicile. Failure to notify us of such changes may result in disapproval of the application.
- 9) Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 10) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

#### **REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE**

Submitting this application to the Louisiana Department of Insurance does not in any way exempt a corporation from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the corporation to contact that office and make whatever arrangements may be necessary. The address and telephone number are given below.

Louisiana Secretary of State  
Corporations Division  
P.O. Box 94215  
Baton Rouge, LA 70804-9215  
(225) 925-4704

#### **REVIEW OF CONTRACT FORMS**

In association with the review of this application the Department of Insurance will review the contract and application forms to be used in Louisiana for compliance with the applicable statutes. The individual assigned to review these contracts will contact the applicant directly with notice of any deficiencies. All deficiencies in the contract forms must be corrected and the forms must be approvable before a license will be issued to an applicant.

#### **APPOINTMENT OF VIATICAL SETTLEMENT BROKERS**

Pursuant to LRS 22:210 A(2), viatical settlement brokers must be appointed by a viatical settlement provider. This application packet contains Form APPVSB4.2 which is to be used to appoint viatical settlement brokers.

**SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE**

The signatures which appear on the final page of the application 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>
<b>Individual</b>	<b>the applicant</b>
<b>Corporation</b>	<b>the president and secretary</b>
<b>Association</b>	<b>the president and secretary</b>
<b>Partnership</b>	<b>two partners</b>
<b>Trust</b>	<b>two trustees</b>
<b>Any other</b>	<b>contact the Department for instructions</b>

**COMMON QUESTIONS**

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

**Q: Where can I find the laws and regulations governing viatical settlement providers 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 providers can be found in that Title. For your convenience the applicable statutes and regulations have been included in this application packet. 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: What are the minimum capital requirements for viatical settlement providers doing business in Louisiana?**

**A: The minimum capital requirements for viatical settlement providers are established by Regulation 58 of the Department of Insurance at \$500,000.00**

**COMMON QUESTIONS CONTINUED**

**Q: What is the time frame for the review of an application?**

**A: This Department makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take from thirty (30) to sixty (60) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.**

**Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?**

**A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. However, effective December 1, 1998 the forms are available to be downloaded from the Department's web site. From that site you have an option of either Micro Soft Word<sup>®</sup> or Adobe Acrobat Reader<sup>®</sup> format. The address for the web site is [wwwldi.lidi.state.la.us](http://wwwldi.lidi.state.la.us).**

**Q: What steps must be taken to appoint a viatical settlement broker who will be working for a viatical settlement provider?**

**A: Pursuant to LRS 22:210 A(2), a viatical settlement broker must be appointed by the viatical settlement provider. Form APPVSB4.2 should be used for this appointment. This form is included in the application packet and may be reproduced as needed.**

**Q: Can we meet with the Department for a preliminary review of our application prior to submission?**

**A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.**



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**APPLICATION TO ACT AS A  
VIATICAL SETTLEMENT PROVIDER  
IN THE STATE OF LOUISIANA**

**General Information (Type or Print)**

APPLICANT NAME: \_\_\_\_\_

FEIN NO.: \_\_\_\_\_

DATE OF ORGANIZATION: \_\_\_\_\_ DATE COMMENCED BUSINESS: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

† This Office will only communicate with the named contact person..

Fees	
Application Fee	\$ 1,000.00
Contract Form Review Fee of \$100.00 per product	\$ _____
<b>TOTAL</b>	_____

**ALL CHECKS MUST BE MADE PAYABLE TO THE LOUISIANA DEPARTMENT OF INSURANCE.**

**The review process will not begin until ALL fees are paid. Louisiana law does not allow for the fees to be paid after review of the application**

Type of entity applying	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETORSHIP
<input type="checkbox"/> LIMITED LIABILITY CORPORATION	<input type="checkbox"/> OTHER _____

## SECTION 2 - INTERROGATORIES

Except as otherwise indicated below, all of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

1) Has the applicant ever had an application denied by any insurance regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever been placed under any type of regulatory supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever had a Certificate of Authority or license revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Has the applicant ever changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Has the applicant ever redomesticated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Within the last five years, has the applicant transferred or encumbered a substantial portion (more than 20%) of its assets or business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Within the last five years, has the applicant merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Within the last five years, has the applicant undergone a change in ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a merger or consolidation with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a change of ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION 2 - INTERROGATORIES CONTINUED

13) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the reasonably foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Has any person who is presently an officer, director, partner, trustee, owner of 10% or more or other such person of the applicant ever been convicted of or pleaded 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
16) Is the applicant currently engaged in any controversy with any state or federal regulatory agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Is the applicant a defendant in <u>any</u> lawsuit asking for a judgment that is equal to or greater than 10% of the totals assets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18) Is the applicant or its parent corporation a publicly traded company? (If yes, attach a copy of the most recent 10K or equivalent filing.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION 3 - OTHER LICENSES

Below give a list of the states in which the applicant is doing business as a viatical settlement provider and indicate whether or not the applicant is licensed in that state.

State	Licensed?	State	Licensed?	State	Licensed?

## SECTION 4 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and every person owning, directly or indirectly, five percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. THIS LIST MUST INCLUDE THE NAMES OF ALL PERSONS ACTING AS VIATICAL SETTLEMENT PROVIDERS. You may reproduce this form as needed. PLEASE NOTE THAT IF THE OWNERSHIP PERCENTAGE INDICATED HEREIN DOES NOT ADD UP TO 100% YOU MUST ATTACH A SEPARATE STATEMENT AFFIRMING THAT NO OTHER INDIVIDUAL OWNS, DIRECTLY OR INDIRECTLY 10% OR MORE OF THE APPLICANT. In addition, if the ownership of the applicant is held by a non-natural person (corporation, partnership, LLC, etc) then you must attach a chart which CLEARLY indicates all ownership, direct and indirect of the applicant up to the ultimate controlling person.

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

## **SECTION 5 - EXHIBITS**

- 1) A copy of the MOST RECENT AUDITED FINANCIAL STATEMENT (if available) or, if an audited financial statement is not available, a financial statement confirmed as true and correct by the treasurer or chief financial officer of the applicant.**
- 2) PLAN OF OPERATION which addresses the following points;**
  - What markets does the applicant intend to target? What geographic areas?
  - Who will produce business for the applicant and how will these persons be recruited, trained and compensated?
  - What is the anticipated number of persons the applicant plans to have marketing its products or services?
  - What is the total projected Louisiana business over the next five years?
  - Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages of all affiliated companies up to and including the ultimate controlling person.
  - Give a detailed description of the steps taken by the applicant to ensure immediate access to viator funds.
  - Give a detailed description of the procedures used by the application for keeping all medical information confidential.
  - Provide a detailed chart which shows all affiliated entities and all persons who own (directly or indirectly) ten percent or more of the applicant and the percentage of such ownership.
- 3) COPY OF THE ARTICLES OF INCORPORATION, PARTNERSHIP AGREEMENT, TRUST AGREEMENT OR OTHER SUCH ORGANIZATIONAL DOCUMENT of the applicant certified by the proper domiciliary official.**
- 4) COPY OF THE BY-LAWS of the applicant certified as true and correct by the secretary of the company if a corporation, a partner, if a partnership, or other appropriate person.**
- 5) CERTIFICATE OF COMPLIANCE issued and certified by the Louisiana Secretary of State (THIS REQUIREMENT SHALL NOT APPLY TO PARTNERSHIPS OR OTHER ENTITIES WHICH ARE NOT REQUIRED TO BE REGISTERED WITH THE OFFICE OF THE SECRETARY OF STATE.)**
- 6) COPY OF THE DOMICILIARY CERTIFICATE OF AUTHORITY OR LICENSE certified by the proper domiciliary official. (TO BE SUPPLIED ONLY IF VIATICAL SETTLEMENT PROVIDERS ARE REQUIRED TO BE LICENSED IN THE STATE OF DOMICILE.)**
- 7) DUPLICATE COPIES OF ALL CONTRACT AND APPLICATION FORMS intended for use in Louisiana.**
- 8) COPIES OF ALL ADVERTISING OR SOLICITATION MATERIALS that the applicant uses or plans to use to attract potential viators or to otherwise market, promote or publicize its business or services.**
- 9) APPOINTMENT OF AGENT FOR SERVICE OF PROCESS FORM fully completed. The proper form is attached (NON-RESIDENT APPLICANTS ONLY).**
- 10) BIOGRAPHICAL AFFIDAVITS for all persons responsible for the conduct of affairs of the applicant. This will 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, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. Only the most recent version of the affidavit adopted by the National Association of Insurance Commissioners is acceptable. This form can be located on our web site [www.lds.la.gov](http://www.lds.la.gov)**

**SECTION 6 - GENERAL INFORMATION**

**1) If the applicant is an alien company, furnish the name, address and telephone number of its American legal counsel.**

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**Phone #**

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**2) Give the name and address of the Agent for Service of Process appointed by the applicant.**

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**3) Give the name and address and telephone number of the contact person or division to whom questions regarding contract and application forms should be directed.**

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**Phone #**

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**4) Give the name and address and telephone number of the contact person or division to whom questions regarding consumer complaints should be directed. If available, provide a toll-free telephone number.**

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**Phone #**

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**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 application and all attachments thereto is, to the best of his/her 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 of Applicant

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

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

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

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

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

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

**ANY FALSE OR MATERIAL MISSTATEMENTS MADE IN ASSOCIATION WITH THIS APPLICATION MAY BE A VIOLATION OF 18 USCA 1033 (a) (1).**

**Know All Men By These Presents:**

That \_\_\_\_\_  
Full Legal Name of Applicant  
of the City of \_\_\_\_\_, in the State of \_\_\_\_\_

having applied for a license to transact business as a viatical settlement provider in the State of Louisiana, in conformity with the laws thereof, does hereby make, constitute and appoint the COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA OR HIS SUCCESSORS IN OFFICE as its true and lawful Agent, in and for the State of Louisiana, on whom all legal process against said person may be served in any action or proceeding, subject to and in accordance with all the provisions of the statutes and laws in said State of Louisiana, and such other acts as may be hereafter passed amendatory thereof and supplementary thereto, and said person does hereby authorize named Attorney to receive and accept service of process in all cases as provided for in the said laws and such service shall be deemed valid personal service upon said person. This appointment is to continue in force for the period of time and in the manner provided for in the statutes of the State of Louisiana.

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

\_\_\_\_\_  
Printed Name of Applicant or Authorized Representative

**NOTARY STATEMENT**

BEFORE ME, the undersigned authority, personally came and appeared:

\_\_\_\_\_  
to me known to be the person described in and who executed the foregoing Appointment of Attorney to Accept Service of Process form and acknowledges that he/she executed it as his/her free act and deed.

Subscribed and sworn to before me, a Notary Public, at

State of \_\_\_\_\_  
Parish/County of \_\_\_\_\_  
This \_\_\_\_\_

_____		
_____		
Day	Month	Year

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Name of Notary

NAME AND ADDRESS OF PERSON TO WHOM THE COMMISSIONER SHOULD FORWARD PROCESS