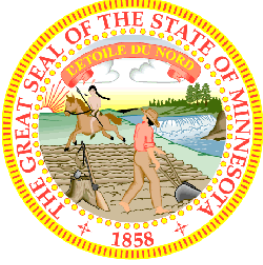


<p align="center"> STATE OF MINNESOTA DEPARTMENT OF COMMERCE INSURANCE DIVISION 85 – 7th PLACE EAST, SUITE 280 ST. PAUL, MINNESOTA 55101-2198 (651) 539-1748 </p>  <p align="center"> VIATICAL SETTLEMENT BROKER LICENSE EXEMPTION </p>	<p align="center">OFFICE USE ONLY</p> <p align="center">Review _____</p> <p align="center">Data Entry _____</p>	<p align="center">CASHIER USE ONLY</p>
	<p>NPN/License _____</p>	<p>Processing Date _____</p>

Please read the form carefully and complete all information requested. The form must be completed and signed by the applicant. **Please return the completed form to the Department of Commerce at the above address.** Keep a copy for your records. For further information, applicants may contact the Division at (651) 539-1748 or via e-mail, tuan.tran@state.mn.us. This form is available on the Department of Commerce insurance website: www.insurance.state.mn.us.

To the Commissioner of Commerce:

The undersigned hereby makes notification of an exemption from licensure pursuant to the provisions of Minnesota Statutes, Section 60A.9572, subd. 3.

APPLICANT INFORMATION

Name

Principal Street Address and Suite or Room Number (P.O. Boxes are not acceptable)

City State Zip Code County

() () _____
Phone Number Fax Number E-Mail Address

Minnesota Insurance Producer License Number: _____

National Producer Number: _____

FEE

Attach a check (only) for \$100 made payable to “Minnesota Department of Commerce.”

