STATE OF MINNESOTA DEPARTMENT OF COMMERCE INSURANCE DIVISION 85 – 7th PLACE EAST, SUITE 280 ST. PAUL, MINNESOTA 55101-2198 (651) 539-1748

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VIATICAL SETTLEMENT BROKER LICENSE EXEMPTION

OFFICE USE ONLY	CASHIER USE ONLY
Review Data Entry	
NPN/License	Processing Date

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 INFORMAT	ION		
Name			
Principal Street Address	s 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 P	roducer License Number:		
National Producer Num	ber:		
FEE			

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

I hereby certify that I am an insurance producer who is currently licensed in Minnesota with the life line
of authority and that I have been so licensed in Minnesota in good standing for at last one year. I
acknowledge and agree that any misrepresentation or omission of a material fact with respect to the
foregoing representation shall, unless expressly waived by the Commissioner of Commerce, constitute
fraud in the inducement and grounds for denial of approval in this or any other matter and may subject
me to other legal sanctions.

day of,,
State of
County of My Commission Expires

NOTARY SEAL