

STATE OF MINNESOTA

DEPARTMENT OF COMMERCE INSURANCE DIVISION

January 2016

RE: VIATICAL SETTLEMENT PROVIDER—BUSINESS ENTITY LICENSE APPLICATION PROCEDURES

The Viatical Settlement Provider—Business Entity License Application is attached. The law governing this activity is Minnesota Statutes, Section 60A.957-9585, which may be viewed at www.revisor.leg.state.mn.us. You are advised to review this statute to become familiar with all its provisions. The data furnished on the application or in supporting documents will be used to assess the applicant's qualifications for a license. The license expires annually on the anniversary of its effective date. A license issued to a legal entity authorizes all partners, officers, members, and designated employees to act as viatical settlement providers under the license.

- **Viatical Settlement Provider**
“Viatical settlement provider” means a person, other than a viator, that enters into or effectuates a viatical settlement contract with a viator resident in Minnesota. There are certain entities that are exempt from licensure, including banks, credit unions, and other licensed lending institutions; a premium finance company making premium finance loans and exempted by the commissioner from the licensing requirement under the premium finance laws that takes an assignment of a life insurance policy solely as collateral for a loan; the issuer of the life insurance policy; and others. A complete list of exemptions is found in Minnesota Statutes, Section 60A.957, subd. 17.
- **Viator**
“Viator” means the owner of a life insurance policy or a certificate holder under a group policy that resides in Minnesota and enters or seeks to enter into a viatical settlement contract.
- **Viatical Settlement Contract**
“Viatical settlement contract” means a written agreement between a viator and a viatical settlement provider establishing the terms under which compensation or anything of value is or will be paid, which compensation or value is less than the expected death benefits of the policy, in return for the viator's present or future assignment, transfer, sale, devise, or bequest of the death benefit or ownership of any portion of the insurance policy or certificate of insurance. Viatical settlement contract also includes the transfer for compensation or value of ownership or beneficial interest in a trust or other entity that owns such a policy if the trust or other entity was formed or availed of for the principal purpose of acquiring one or more life insurance contracts, which life insurance contract insures the life of a person residing in this state.

Viatical settlement contract also includes a premium finance loan made for a life insurance policy by a lender to a viator on, before, or after the date of issuance of the policy where:

- (1) the viator or the insured receives on the date of the premium finance loan a guarantee of a future viatical settlement value of the policy; or
- (2) the viator or the insured agrees on the date of the premium finance loan to sell the policy or any portion of its death benefit on any date following the issuance of the policy.

The application must include an **antifraud plan** that includes at least the following:

- A description of the procedures for detecting and investigating possible fraudulent viatical settlement acts and procedures for resolving material inconsistencies between medical records and insurance applications;
- A description of the procedures for reporting possible fraudulent viatical settlement acts to the commissioner;
- A description of the plan for antifraud education and training of underwriters and other personnel; and
- A description or chart outlining the organizational arrangement of the antifraud personnel who are responsible for the investigation and reporting of possible fraudulent viatical settlement acts and investigating unresolved material inconsistencies between medical records and insurance applications.

Antifraud plans submitted to the commissioner are privileged and confidential. They are not a public record and not subject to discovery or subpoena in a civil or criminal action.

The application must also include a **detailed plan of operation** that should include the following:

- A description of the applicant's corporate organizational structure, parent company, and all affiliates
- The identities of any persons or entities from whom referrals may occur
- The name, address, and phone number of each viatical settlement broker from who a viatical settlement will be brokered
- Expected commissions and their source
- A complete description of marketing plans, techniques, and strategy
- All advertising and marketing materials
- A detailed description of the procedures used to determine the settlement to the viator
- A description of the procedures used to insure that an insured's identity and individual identification, financial, and medical data are kept confidential

The \$750 non-refundable fee, in the form of a check made payable to "**Minnesota Department of Commerce,**" must accompany the application. In accordance with Minn. Stat. §16E.22.

Mail or deliver the completed, signed application, together with supporting documents and the fee to the Department of Commerce, Licensing Division, 85 – 7th Place East, Suite 500, St. Paul, Minnesota 55101-2198. Should there be any questions, please contact the Licensing Division at (651) 539-1599 or licensing.commerce@state.mn.us.

On your application, the Minnesota Department of Commerce is requesting information, such as Social Security numbers, that is classified as “private data” under the Minnesota Government Data Practices Act (*Minnesota Statutes*, chapter 13). The Data Practices Act requires any governmental entity asking an individual to supply private data to inform the individual of:

- (a) the purpose and intended use of the requested data;
- (b) whether the individual may refuse to supply the requested data or is legally required to supply it;
- (c) any known consequence of supplying or refusing to supply private data; and
- (d) the identity of other persons or entities authorized by state or federal law to receive the data.

The information contained in (a)-(d) is called a “Tennessee Warning” and is set forth below. The Tennessee Warning also satisfies the federal notice requirement under 5 U.S.C. § 552a Note, which is triggered by our request for Social Security numbers in the application. If the Commissioner of Commerce issues a license to you, all information contained in your application, except any Social Security number(s) and nondesignated addresses, will be public pursuant to *Minnesota Statutes*, section 13.41, subdivision 5.

TENNESSEN WARNING

(a) Purpose and Intended Use of the Data

The data you give us about yourself is needed to:

- Identify you;
- Enable us to contact you when required;
- Assist us in determining your qualifications and eligibility for the license you are applying for;
- Comply with certain federal and state reporting requirements; and
- Evaluate the administration and management of this licensing/registration program.

(b) Disclosure: Mandatory or Voluntary?

You are legally required to supply all of the data required on the application pursuant to Minnesota Statutes, section 60A.9572, subdivision 4. In particular, you must provide your Minnesota business identification number pursuant to Minnesota Statutes, section 270C.72, subdivision 4.

(c) Consequences of Supplying or Refusing to Supply Requested Data

If you supply all of the requested data, your application will be processed. If you refuse to supply data requested on the application, your application will not be processed. Whatever information you do supply to the Department will be maintained by us, whether or not the application is approved.

(d) Others Authorized to Receive the Data

The information about you that is collected on the application will be classified as either public or private data. Public data will be accessible to the public. Private data about you will be accessible only to:

- You;
- State personnel who determine your eligibility for licensure;
- Employees of license database vendors;
- The Minnesota Department of Revenue (Minnesota Statutes, section 270C.72, subd. 4);
- The public authority responsible for child support in Minnesota (Minnesota Statutes, section 256.978);
- Any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety;
- Person(s) authorized by a court order; or
- Any other person authorized by state or federal law.

STATE OF MINNESOTA
 DEPARTMENT OF COMMERCE
 INSURANCE DIVISION
 85 - 7th PLACE EAST, SUITE 500
 ST. PAUL, MINNESOTA 55101-2198
 (651) 539-1748



**VIATICAL SETTLEMENT PROVIDER –
 BUSINESS ENTITY LICENSE APPLICATION**

OFFICE USE ONLY	CASHIER USE ONLY
Review _____	
Data Entry _____	

License Number	Processing Date
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Please read the application carefully and complete all information requested. The application must be completed and signed by the applicant. **Please return the completed application to the Department of Commerce at the above address.** Keep a copy of the application for your records. For further information on the application process, applicants may contact the Division at (651) 539-1748 or via e-mail, tuan.tran@state.mn.us. This application form is available on the Department of Commerce insurance website: www.insurance.state.mn.us. The application fee is \$750.

To the Commissioner of Commerce:

The undersigned hereby makes application to engage in business under and pursuant to the provisions of Minnesota Statutes, Section 60A.957-9585.

1. APPLICANT INFORMATION

 Name of the Corporation, Partnership, Association, LLP, or LLC

 Name under which Viatical Settlement Provider business will be conducted in Minnesota (dba or Assumed Name)

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

City ()	State ()	Zip Code	County
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Phone Number	Fax Number	E-mail Address
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Check one: Corporation Limited Liability Company Association
 Partnership Limited Liability Partnership Other

Domicile of Company: Minnesota Nonresident

Federal Tax Identification Number: _____

Minnesota State Tax Identification Number: _____

- A Minnesota Corporation, Limited Liability Company, or Association must furnish a filed copy of the Certificate of Authority from the Secretary of State.
- A foreign corporation or company must furnish a filed copy of Certificate of Authority to transact business in the State of Minnesota from the Secretary of State (651-296-2803).
- A legal entity applicant must provide a Certificate of Good Standing from the state of domicile.
- If operating under any name other than the exact corporate, partnership, association, LLP or LLC, attach a filed copy of the Assumed Name Certificate from the Minnesota Secretary of State.
- A Partnership must include a copy of the Partnership Agreement.

2. Does the applicant intend to conduct business on the Internet?

YES NO If YES, list the website address: _____

3. If a Partnership, give name and resident address below; if a Limited Liability Company, give names and resident addresses of the board of governors, chief manager and treasurer; if a Corporation or Association, give names, titles and resident addresses of the directors, trustees and principal officers. A biographical statement (as provided with this application) must be submitted for each individual listed.

Full Name of Officer	Official Title	% of Ownership	Residence Address	Business Address

(Use separate sheet if additional space is needed)

Complete for the holders of 10 percent or more of the issued and outstanding stock or membership interest of the applicant corporation or limited liability company. A biographical statement (as provided with this application) must be submitted for each individual listed.

Full Name of Officer	Official Title	% of Ownership	Residence Address	Business Address

(Use separate sheet if additional space is needed)

Complete for all other employees who will act as viatical settlement providers under the license. A biographical statement (as provided with this application) must be submitted for each individual listed.

Full Name of Employee	Position	Years With Company	Residence Address	Business Address

(Use separate sheet if additional space is needed)

Name, phone number, and address of the manager who is to have charge of the business location under the filing. A biographical statement (as provided with this application) must be submitted for each manager. Attach additional sheets if necessary.

 Name () Phone

 Address City State Zip Code

4. The following questions must be reviewed and answered by each of the individuals listed in question 3. If any individual answers "YES" to any question(s), identify that individual and provide a detailed written explanation and supporting legal documentation with the application.

In the time since your company's last renewal has the applicant or any person listed above:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Been a defendant in any lawsuit involving claims of gross negligence, fraud, misrepresentation, mismanagement of funds, conversion, breach of fiduciary duty, breach of conduct, or deceit? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Been the subject of any inquiry or investigation by the Minnesota Department of Commerce or ever been censured, suspended, revoked, cancelled or terminated or been the subject of any type of administrative action in any state including Minnesota, or by any other federal regulatory agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Been found by any civil court to have failed to account to a client or customer for money or property collected for or on behalf of the client or customer? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Been a principal or officer of any firm, corporation, partnership, or association, which has filed a bankruptcy petition, been declared bankrupt or filed personal bankruptcy? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Been charged with, indicted for, or convicted of, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), <u>other than</u> traffic violations, in any state or federal court? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Been notified by the Commissioner of Revenue pursuant to Minn. Stat. § 270.72 of delinquent taxes which are currently owed to the State of Minnesota? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have any unclaimed property (unclaimed funds or property over three years old) to report under Minn. Stat. § 345? |

For each question answered "YES," provide a detailed written explanation and supporting legal documentation with the application.

5. Does any principal, owner, officer, director, or employee of the applicant have an ownership interest in or connection with any other licensee under Minnesota Statutes, Chapter 60A.957-9585?

YES NO If YES, explain: _____

6. Has any member of applicant's organization previously held a license under Minnesota Statutes, Chapter 60A.957-9585? YES NO If YES, explain: _____

7. Is the business for which this application is being submitted currently in existence? YES NO

Date Business Established

Name Under Which Established

8. Do you now operate or have you previously operated a viatical settlement business in any other state?

YES NO If YES, list the state and the license name and type in that state: _____

9. Will any other business licensed/registered by the Minnesota Department of Commerce, or required to be licensed/registered by the Minnesota Department of Commerce, be conducted in addition to that specifically authorized by Chapter 60A.957-9585?

YES NO If YES, explain nature of business: _____

10. **BOND OR OTHER EVIDENCE OF FINANCIAL RESPONSIBILITY**

Each application must be accompanied by either (1) a surety bond executed and issued by an insurer authorized to issue surety bonds in Minnesota or evidence of the existence of a deposit of cash, certificates of deposit, or securities or any combination thereof in the amount of \$250,000, or (2) proof that financial instruments in accordance with these requirements have been filed with one or more states where the applicant is licensed as a viatical settlement provider.

Any surety bond issued pursuant to this clause must be in favor of Minnesota and must specifically authorize recovery by the commissioner on behalf of any person in Minnesota who sustained damages as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices by the viatical settlement provider. The bond remains in effect until cancellation, which may occur only after 30 days' written notice to the commissioner. Cancellation does not affect the rights of any claimant for any liability incurred or accrued during the period for which the bond was in force.

Please mark the applicable option:

SURETY BOND

1. A surety bond in the amount of \$250,000. **The surety bond must be executed on the form included in this application.** Attach the original copy of the properly executed bond and power of attorney and acknowledgement of principal/surety.

OTHER EVIDENCE OF FINANCIAL RESPONSIBILITY

2. In lieu of a surety bond, the applicant may deposit with the commissioner, or with banks in Minnesota that the applicant designates and the commissioner approves, cash, certificates of deposit, or securities or any combination thereof to an aggregate amount, based upon principal amount or market value, whichever is lower, of not less than the amount of \$250,000. The cash, certificates of deposit, or securities must be deposited and held to secure the same obligations as would the security device. The depositor shall receive all interest and dividends. The depositor may, with the approval of the commissioner, substitute other securities for those deposited, and is required to do so on written order of the commissioner made for good cause shown.

We will accept proof of the cash, certificates or securities that have been filed in another state where the applicant is licensed as a viatical settlement provider or broker.

11. **APPOINTMENT OF COMMISSIONER AS AGENT FOR SERVICE OF PROCESS**

(Nonresidents only)

Service of process must be made in accordance with section 45.028, subdivision 2. **Attach the completed two-page "Uniform Consent to Service of Process" enclosed with this application.**

Any business entity or other person who knowingly engages in business activities that are regulated under this chapter, with or without filing an application, is considered to have done both of the following:

- (1) consented to the jurisdiction of the courts of this state for all actions arising under this chapter; and
- (2) appointed the commissioner as the lawful agent for the purpose of accepting service of process in any action, suit, or proceeding that may arise under this chapter.

12. **PROOF OF WORKERS' COMPENSATION**

Do you have employees in the State of Minnesota? Check the applicable box.

YES. Provide proof of workers' compensation insurance (as required by Minn. Stat. §176.182).

NO. Please explain, on a separate sheet or in the space below, how operations will be transacted.

Failure to provide satisfactory evidence of insurance or proper exemption will result in withholding of approval.

13. **Please complete all of the following information in order to identify which person the Department should contact to address filing matters, annual report follow-ups, and compliance issues.**

Filing Contact: _____
Name and Title

Street Address and Suite or Room Number (P.O. Boxes are not acceptable), City, State, Zip Code
() ()

Phone Number Fax Number E-mail Address

Annual Report Contact: _____
Name and Title

Street Address and Suite or Room Number (P.O. Boxes are not acceptable), City, State, Zip Code
() ()

Phone Number Fax Number E-mail Address

Compliance Officer Contact: _____
Name and Title

Street Address and Suite or Room Number (P.O. Boxes are not acceptable), City, State, Zip Code
() ()

Phone Number Fax Number E-mail Address

14. **ENCLOSURES TO ACCOMPANY APPLICATION.** Check the box if the item is included in the application.
- a. Fee. A check (only for \$750 made payable to “Minnesota Department of Commerce.”
 - b. Attach a copy of the Certificate of Incorporation from the **Minnesota Secretary of State**. If incorporated in another jurisdiction, attach a copy of the “Certificate of Foreign Corporation” from the **Minnesota Secretary of State** (651-296-2803)
 - c. If other than a corporation, attach a copy of the Articles of Organization from the **Minnesota Secretary of State** (651-296-2803)
 - d. If applicant is a partnership, attach a partnership agreement.
 - e. The name under which the business will be conducted must be exactly the same as the name under which the license will be issued. If operating under any name other than the exact corporate or partnership name, attach a copy of the “Assumed Name Certificate” issued by the **Minnesota Secretary of State**.
 - f. Certificate of good standing from the state of domicile.
 - g. Surety bond or other evidence of financial responsibility in the amount of \$250,000.
 - h. Biographical Statement(s) – For individuals listed in question 3.
 - i. If applicant has Minnesota employees, provide evidence of current workers’ compensation coverage.
 - j. Antifraud plan.
 - k. Detailed plan of operation.
 - l. All viatical settlement provider contracts and any other forms, disclosures, or documents planned to be used while engaging in viatical settlement business.
 - m. All disclosure documents provided to potential viators.
 - n. The company’s last annual statement.
 - o. Uniform Consent to Service of Process and acknowledgement form (non-residents only).
 - p. Affidavit of Official Signing Application form.

AFFIDAVIT OF OFFICIAL SIGNING APPLICATION

I hereby certify that all the information contained in this application and any accompanying documents are true and correct to the best of my knowledge. I certify that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

STATE OF _____)
COUNTY OF _____) ss.

I, _____, of the
Name and Title of Official
_____, organized in the
State
(Name of Corporation, Partnership, LLP, or LLC)


of _____, do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Signature of Official

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature
State of _____
County of _____
My commission expires _____

NOTARY SEAL

STATE OF MINNESOTA	Commissioner of Commerce State of Minnesota Department of Commerce Insurance Division 85 - 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 (651) 539-1748	VIATICAL SETTLEMENT PROVIDER – BUSINESS ENTITY LICENSE APPLICATION
 Department of Commerce		

UNIFORM CONSENT TO SERVICE OF PROCESS

Page 1 of 2

KNOW ALL BY THESE PRESENTS:

That the Viatical Settlement Provider license applicant, _____,

(Circle one of the following):

(a corporation organized under the laws of the state of _____)

(a limited liability company) (a general or limited partnership) (an association) (other _____),

for the purpose of complying with the laws of the State of Minnesota relating to viatical settlements, hereby irrevocably appoints the Commissioner of Commerce, and the successors in such office, its attorney in the State of Minnesota upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with the business of viatical settlements or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had lawfully been served with process in said state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

 (Name and address)

Dated: _____, _____.

By _____

Title: _____

(Seal)

By _____

Title: _____

COMPLETE THE APPROPRIATE ACKNOWLEDGEMENT SECTION ON THE NEXT PAGE

UNIFORM CONSENT TO SERVICE OF PROCESS

Page 2 of 2

CORPORATE ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____) ss.

On this ____ day of _____, _____, before me _____, the undersigned officer, personally appeared _____ and _____, known personally to me to be the _____ President and _____ Secretary, respectively, of the above named corporation, and that they, as such officers, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as such officers.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

NOTARY SEAL

Notary Public Signature
State of _____
County of _____
My commission expires _____

NONCORPORATE ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____) ss.

On this ____ day of _____, _____, before me _____, the undersigned officer, personally appeared _____, to me personally known and known to be the same person(s) whose name(s) is(are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

NOTARY SEAL

Notary Public Signature
State of _____
County of _____
My commission expires _____

BIOGRAPHICAL STATEMENT
THIS FORM MUST BE USED IN ITS ENTIRETY

INSTRUCTIONS

Complete all items, submit and sign all copies. If more space is needed, attach an additional sheet and identify the item by number.

Name and location of proposed viatical settlement provider company

1. Full Name and Social Security Number

SSN:

2. Other names you have used or are now using (if none, so state)

3. General Information

Date of Birth

Place of Birth

4.

Business Address

City

State

Phone

Email

Residence Address

City

State

Phone

Email

Address

Phone

5. What is your highest level of education? Check one.

Less than High School

High School Graduate

Some higher education but no degree

B.S. or B.A. degree

Masters degree or higher

6. Present occupation or business activities (describe in detail, giving name, address and type of business)

7. Past occupations and business activities (describe in detail or attach a resume)

8. a. Have you ever been discharged from employment for reasons other than lack of work?

YES NO If answer is YES, explain fully.

b. Have you ever been required by a former employer to tender your resignation?

YES NO If answer is YES, explain fully.

9. Give names and address of three (3) business references from within the insurance industry who can attest to your character, reputation, experience, financial responsibility and general fitness.

Name

Address

a. _____

b. _____

c. _____

10. Describe your experience, training, and education so as to be qualified to operate as a viatical settlement provider.

* * * * *

I hereby acknowledge and agree that any misrepresentation or omission of a material fact with respect to the foregoing representations or with respect to any other documents or papers which contain my signature and have been submitted in connection with the application of

_____ (Name of viatical settlement provider company)

for authority to operate as a viatical settlement provider company 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; grounds to require my resignation as a director or officer of said viatical settlement provider company, and may subject me to other legal sanctions.

Signature Date Proposed: _____
(Applicant – Director, Officer, Stockholder, Manager, etc.)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature State of _____
County of _____
My Commission Expires _____

NOTARY SEAL

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
VIATICAL SETTLEMENT PROVIDER SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT _____
(name of Viatical Settlement Provider)

a _____
(description or form of business organization, including state of incorporation, e.g., "a Minnesota Corporation")
with business office at _____

(Street Address and Suite or Room Number, city, state, and zip code of office covered by this bond)

as Principal and _____, a corporation duly organized under the
(name of surety)

laws of the state of _____, which is authorized to engage in the business of
insurance in the State of Minnesota, as Surety, are hereby held and firmly bound to the Department of Commerce of
the State of Minnesota, in the sum of _____
(\$_____). Principal and Surety bind themselves, their representatives, successors and assigns,
jointly and severally by these presents.

THE PARTIES FURTHER AGREE THAT:

1. The purpose of this obligation, which is required by Minnesota Statutes, Section 60A.9572, subd. 8, is to secure the compliance by Principal with the terms of Minnesota Statutes, Sections 60A.957 to 60A.9585, and any other legal obligations arising out of the Principal's conduct as a Viatical Settlement Provider.
2. This bond is for the benefit of the State of Minnesota and any person suffering damages by reason of Principal's failure to comply with Minnesota Statutes, Sections 60A.957 to 60A.9585 or other legal obligation arising out of Principal's conduct as a Viatical Settlement Provider.
3. If Principal shall violate Minnesota Statutes, Sections 60A.957 to 60A.9585, or other legal obligation arising out of Principal's conduct as a Viatical Settlement Provider, the Commissioner of Commerce, as well as any person damaged as a result of such violation, shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for damages sustained by the injured party as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices by the Viatical Settlement Provider.
4. This bond shall be in effect from _____, 20_____ until December 31, 20_____.

Signed and sealed this _____ day of _____, 20_____.

By: _____ By: _____
(Name of Surety) (Signature of Attorney in Fact of Surety Company)

By: _____ By: _____
(Name of Viatical Settlement Provider) (Signature of Sole Proprietor, Partner, or President)

SIGNATURES MUST BE NOTARIZED ON THE FOLLOWING PAGE

- 1. This page is to be completed by a notary public for both the Principal and the Surety.
- 2. Please attach the Power of Attorney and Certified Copy of the Corporate Resolution for the Surety listed herein.

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF _____)
 COUNTY OF _____) ss.

(SOLE PROPRIETORSHIP)

The foregoing instrument was acknowledged before me this _____ day of _____, _____,
 by _____.
 (Name of person acknowledged)

NOTARY SEAL

Notary Public

(PARTNERSHIP/LIMITED LIABILITY COMPANY)

The foregoing instrument was acknowledged before me this _____ day of _____, _____,
 by _____, a partner on behalf of _____
 (Name of acknowledging partner)
 _____, a partnership.
 (Name of partnership/limited liability company)

NOTARY SEAL

Notary Public

(CORPORATION)

The foregoing instrument was acknowledged before me this _____ day of _____, _____,
 by _____, President of _____
 (Name of corporate president)
 _____, a _____ corporation, on
 (Name of corporation acknowledging) (state of incorporation)
 behalf of the corporation.

NOTARY SEAL

Notary Public

ACKNOWLEDGMENT OF SURETY

STATE OF _____)
 COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, _____,
 by _____,
 (Name and title of officer or agent)
 of _____
 (Name of corporation acknowledging)
 a _____ corporation, on behalf of the corporation.
 (state of incorporation)

NOTARY SEAL

Notary Public



**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**
Insurance Division
85 - 7th Place East, Suite 500
St. Paul, Minnesota 55101
(651) 539-1748

**VIATICAL SETTLEMENT BROKER or
PROVIDER – BUSINESS ENTITY
LICENSE APPLICATION**
**MINNESOTA BUREAU OF CRIMINAL
APPREHENSION (BCA) FORM**

The data that you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. **Individuals listed in question 3 on the license application form must complete this BCA form.** Disclosure of your social security number is voluntary; however, if not provided, the Department of Commerce may be unable to grant a license. The Department of Commerce requires this information and may conduct criminal history checks and/or verify tax identification information and for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. **After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.**

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue
RE: Request for Criminal Background Check
Request for Disclosure/Verification of Tax Identification Number

*****PLEASE PRINT*****

Name of applicant (or qualifying person)

Title or position in the company

Social Security Number of applicant (or person in control)

Applicant's (or person in control's) date of birth

Type of license for which you are applying

The following section should only be completed if you are applying for a company (rather than individual) license:

Name of the company: _____

Company's State Tax identification Number: _____

The following section to be completed by all applicants:

I, _____
(Full First Name) (Full Middle Name) (Full Last Name)

have made application to the Minnesota Department of Commerce for a regulated professional license. I am either the applicant or the limited/general partner, a manager, a shareholder of the applicant owning 10% or more of the stock, or an employee with the authority to exercise management/policy control over the company. I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify the company's tax I.D. number.

Signature of Applicant

Date

NOTE TO BUREAU OF CRIMINAL APPREHENSION / MN DEPARTMENT OF REVENUE:

Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.