LIFE SETTLEMENT PROVIDER STATEMENT

NORTH DAKOTA STATE INSURANCE DEPARTMENT

SFN 54043 (4-2011)

FOR DEPARTMENTAL USE ONLY

License Number
Approved
Issue Date

NOTICE:

Your answers in this statement are submitted under oath. If you willfully and contrary to such oath state or subscribe any material fact which you do not believe to be true, you are guilty of perjury and that is punishable by imprisonment in the penitentiary. In addition, a license may be refused, or if issued may be suspended or revoked or renewal refused if the Commissioner of Insurance finds you have perjured yourself or attempted to obtain the license by fraud or misrepresentation.

All questions in this statement must be answered legibly, responsively, and fully. Failure to do so will result in the application being rejected. If additional space is required to answer a question, attach a rider and specify the number of the question on that rider.

This statement must accompany the firm's application for license as a viatical settlement provider.

1. Provider Name		FEIN		
2. Previous Name(s)				
3. Business Address	City	State	Zip Code	Telephone Number
4. Mailing Address	City		State	Zip Code

5. List all companies that you own and/or control (directly or indirectly) 10% or more of the controlling interest. Attach additional sheets if necessary.

(1) Company Name	% of Ownership	Position Held		
Mailing Address	City		State	Zip Code

(2) Company Name	% of Ownership	Position Held		
Mailing Address	City		State	Zip Code

(3) Company Name	% of Ownership	Position Held		
Mailing Address	City		State	Zip Code

6. List all positions, directorships or officerships held within the last five years. Attach additional sheets if necessary.

(1) Company Name		Position Held	
Mailing Address	City	State	Zip Code

(2) Company Name		Position Held	
Mailing Address	City	State	Zip Code

(3) Company Name		Position Held	
Mailing Address	City	State	Zip Code

7. Has the provider or any owner, partner, officer, or director ever:			
QUESTION	NO	YES	EXPLAIN ANY "YES" ANSWER (attach additional pages if necessary)
(a) Held or currently hold any type of professional, occupational, insurance, and/or vocational license in any state including North Dakota?			
(b) Been discharged, or had a contract of agency terminated, by any insurer or employer?			
(c) Been refused a professional, occupational, insurance, and/or vocational license or had an existing license suspended or revoked by any state or governmental agency or authority?			
(d) Been refused certificate of clearance by the insurance department of any state?			
(e) Had charges filed with any insurance or securities department or been cited to appear for any violation of insurance or securities laws or unfair practices in any state, or is there now pending in any state any action arising out of insurance or securities business activities?			
(f) Been found by any insurance department to have provided unreasonable payments to viators?			
(g) Been, or is currently, registered as a securities salesperson or dealer in North Dakota?			
(h) Been charged with any irregularity in money transactions?			
(i) Had any liens or judgments against you?			If yes - attach a separate sheet listing all judgements/liens, including the date and amount of each and whether each is or is not satisfied.
(j) Been the subject of any arrests including any action resulting in deferred imposition of penalty, indictments or convictions for any felony or misdemeanor except minor traffic offenses?			If "Yes" attach a separate sheet giving the following details: 1-Date of arrest. 2-Place of arrest. 3-Charge. 4-Court in which you appeared. 5-Date of court appearance. 6-Disposition: charge dismissed or plea entered and verdict. 7-If verdict was guilty, what sentence. 8-If suspended sentence or deferred imposition of sentence, name of probation sponsor and probation officer. 9-Probation violation, if any.
(k) Been fined by any state or governmental agency or authority?			
(l) Been, or is currently, connected in any way with any lending or financial institution?			
(m) Been denied a bond by a bonding company?			

8. Has the provider ever:			
QUESTION	NO	YES	EXPLAIN ANY "YES" ANSWER (attach additional pages if necessary)
(a) Become insolvent?			
(b) Been placed in receivership, conservatorship or liquidation?			
(c) Had any certificate of authority, or operating license suspended, revoked or denied?			
(d) Been ordered to cease and desist doing business in whole or in part?			

State of _____)
) ss
County of _____)

The undersigned applicant, being first duly sworn, deposes and says that he/she has executed the foregoing application; that he/she has read the said application and knows the contents thereof and attached thereto; that to the best of his/her knowledge and belief the statements made in the said application and in any rider attached thereto are true and correct and are complete in every material respect and do not contain any statement which, under the circumstances under which it is made, would be false, or would tend to be misleading in respect to any material fact; and that he/she has read and understands the insurance laws of the State of North Dakota.

The undersigned hereby designates the North Dakota Commissioner of Insurance and his successors in office as his/her true and lawful attorney upon whom may be served all lawful process in any action, suit or proceeding instituted by or on behalf of any interested person arising out of his/her insurance business in North Dakota.

_____ _____
Signature Printed/Typed Name

Subscribed and sworn to before me this _____ day of _____ 20___.

(SEAL) _____
Notary Public

My commission expires _____