



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.state.la.us>

**INSTRUCTIONS FOR  
APPLICATION TO ACT AS A  
VIATICAL SETTLEMENT INVESTMENT AGENT  
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) 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.

8) 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

**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 settlements 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 brokers 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 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 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 [www.ldi.state.la.us](http://www.ldi.state.la.us).**

**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 INVESTMENT AGENT  
IN THE STATE OF LOUISIANA

General Information (Type or Print)	
APPLICANT NAME: _____	
FEIN OR SS NO.: _____	DOMICILE: _____
HOME OFFICE ADDRESS: _____	
_____	
_____	
CONTACT NAME†: _____	CONTACT TITLE: _____
PHONE: _____	FACSIMILE: _____
CONTACT ADDRESS: _____	
_____	
_____	
E-MAIL: _____	
_____	
† This Office will only communicate with the named contact person.	

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 - FEES

Fees	
Application Fee	\$ 50.00
<b>TOTAL</b>	<b>50.00</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.

## SECTION 3 - 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 had a Certificate of Authority or license revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant or 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 pled 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
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



## SECTION 5 - 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 all person(s) 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 INVESTMENT AGENTS.** You may reproduce this form as needed.

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 6 – VIATICAL SETTLEMENT PROVIDERS

Below give the name, address, telephone number and a contact person for every viatical settlement provider for which the applicant will be soliciting funding.

NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE #:	

## **SECTION 6 - EXHIBITS**

- 1) EXHIBIT A - COPY OF THE ARTICLES OF INCORPORATION, ARTICLES OF ASSOCIATION, PARTNERSHIP AGREEMENT OR OTHER SUCH ORGANIZATIONAL DOCUMENTS AND ALL AMENDMENTS THERETO of the applicant certified by the proper domiciliary official. The certification must be original and dated within ninety (90) days of submission.**
  
- 2) EXHIBIT B - COPY OF THE BY-LAWS, RULES, REGULATIONS OR SIMILAR DOCUMENT OF THE APPLICANT certified as true and correct by the secretary of the applicant. The certification must be original and dated within ninety (90) days of submission.**
  
- 3) EXHIBIT C - TRADE NAME CERTIFICATE issued by the Secretary of State of Louisiana. This item must be supplied by any applicant which will be utilizing a trade name in Louisiana.**
  
- 4) EXHIBIT D - BIOGRAPHICAL AFFIDAVITS for all persons responsible for the conduct of affairs of the applicant. This shall include all officers, directors, partners (in the case of a partnership), trustees, executive committee members, and any person who owns, directly or indirectly, ten percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. The National Association of Insurance Commissioners biographical affidavits should be used. If necessary this form can be obtained by contacting the Company Licensing Division of the Louisiana Department of Insurance.**
  
- 5) PLAN OF OPERATION which addresses the following points;**
  - 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.**
  
- 6) APPOINTMENT OF AGENT FOR SERVICE OF PROCESS FORM fully completed. The proper form is attached (NON-RESIDENT APPLICANTS ONLY).**
  
- 7) COPIES OF THE FORMS OF ALL ADVERTISING AND AGREEMENT FORMS TO BE USED BY THE APPLICANT.**

**SECTION 7 - GENERAL INFORMATION**

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

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**Phone #** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

2) Give the name and address of the person to whom all process should be forwarded by the Commissioner. (Non-Resident applicants only).

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

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**Phone #** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

4) Give the name, address, telephone number and e-mail address 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 #** \_\_\_\_\_ **E-mail:** \_\_\_\_\_



# 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).**