



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**INSTRUCTIONS FOR
APPLICATION FOR
VIATICAL SETTLEMENT LICENSE
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing this application in complying with the statutory and administrative requirements and to facilitate review of the application by the Louisiana Department of Insurance (LDI). Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet. This package should be used as application for licensure as a viatical settlement investment agent, viatical settlement broker or viatical settlement provider pursuant to [La. R.S. 22:1791-1805](#). **THIS FORM IS NOT FOR USE BY LIFE INSURANCE PRODUCERS SEEKING TO ACT AS VIATICAL SETTLEMENT BROKERS.** See the LDI website (ldi.la.gov) for instructions for that situation.

All communications should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Or
1702 3rd St. Baton Rouge, LA 70802
Phone: (225) 219-4318
Fax: (225) 342-7401
Email :companyapps@ldi.la.gov

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) The Louisiana Department of Insurance (LDI) accepts electronic submission of the application. The applicant should contact the LDI prior to submission to make arrangements for a secure portal for such a submission. Submission of sensitive or confidential information via standard email is not recommended. After submission of the application electronically, the payment of the fees must be submitted hard copy to the address above. All payments must be made payable to the Louisiana Department of Insurance.
- 2) If the application is submitted hard copy, all submittals in association with this application must reach the LDI 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 Company Licensing to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.

- 4) **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.
- 5) All original items submitted become the property of the LDI and **will not be returned**.
- 6) All certified documents required in the application must be dated within ninety (90) days of submittal of the application. If an application is submitted hard copy rather than electronically, all certifications must be original.
- 7) 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.
- 8) When designating a contact person for the application process, please remember that our staff will communicate only with this individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. The applicant must notify the LDI in writing of any change in contact person.
- 9) The applicant must notify the LDI of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and changes to the financial statements submitted in support of this application. Failure to notify the LDI of such changes may result in disapproval of the application.

SPECIAL INSTRUCTIONS REGARDING THIRD PARTY VERIFICATION REPORTS

If the applicant is a Louisiana domiciled entity, the LDI requires the applicant to make arrangements for third party verification reports for all individuals for whom biographical affidavits are required. This must include all officers, all directors, all individuals who own (directly or indirectly) ten percent or more of the applicant and all other persons responsible for the conduct of affairs of the applicant.

The reports must be prepared by one of the firms approved by the National Association of Insurance Commissioners. A list of those approved firms is available at http://naic.org/documents/industry_ucaa_third_party.pdf. The applicant should advise the firm that the reports are being prepared for the LDI and make the necessary arrangements for payment.

SPECIAL INSTRUCTIONS REGARDING FINGERPRINTING

If the applicant is a Louisiana domiciled entity, the LDI requires fingerprinting for all individuals for whom biographical affidavits are required. This must include all officers, all directors, all individuals who own (directly or indirectly) ten percent or more of the applicant and all other persons responsible for the conduct of affairs of the applicant.

For residents of Louisiana, fingerprinting services are provided by the license testing vendor PSI. No appointment is necessary and a list of testing locations and hours of operation is available on PSI's website (PSIexams.com). Fingerprinting fees are paid at the site at the time of submission.

For any individual who is not a resident of Louisiana, the following steps are required:

1. Duplicate fingerprint cards for each individual must be submitted. You may submit requests for blank fingerprint cards to companyapps@ldi.la.gov. Please include the number of cards required and the address to which the cards should be mailed.
2. Fees in the amount of \$40.75 per applicant made payable to the Louisiana State Police.
3. A completed Authorization to Disclose Criminal History Records Information for each applicant. [This form is available on the LDI website.](#)
4. A completed Rap Sheet Disclosure Form for each applicant. [This form is available on the LDI website.](#)

All of these documents should be sent to:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

Generally the Department will receive fingerprint results within three to four days from submission of the fingerprints. If the Louisiana State Police or Federal Bureau of Investigation are unable to run the reports due to unreadable or unclear fingerprint submissions, it may take up to sixty (60) days for a check to be completed using alternate means.

Any individual that is currently serving as an officer or director of another domestic regulated entity or has previously submitted fingerprints in association with a resident producer or adjuster license application may request a waiver of the fingerprinting requirements. Requests for such a waiver should be sent to companyapps@ldi.la.gov. The request must provide a full explanation of the application to be filed, the names of all individuals for whom the waiver is requested and clearly explain the grounds for the request.

REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE

The submission of this application to the Louisiana Department of Insurance does not in any way exempt a corporation or any other juridical entity from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the applicant to contact that Office and make whatever arrangements may be necessary. The address and telephone number are as follows:

Louisiana Secretary of State
Corporations Division
P.O. Box 94215
Baton Rouge, LA 70804-9215
(225) 925-4704
www.sos.louisiana.gov

SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE

This application is designed to be an authentic act under Louisiana law. As such, the attestation page requires the signature to be witnessed by two persons AND executed before a notary.

If the application is filed in the name of an individual, the individual must sign the application. If the application is filed for other than a natural person (individual), the application must be signed by an executive officer or other comparable responsible person (officer, director, partner, managing member or sole proprietor).

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 settlement transactions in Louisiana?

A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code (the Code) and most laws enacted by the Louisiana Legislature which affect the viatical business can be found in that Title. The portions of the Code dealing specifically with the viatical business are La. R.S. 22:1791-1805. The statute which addresses fees payable in association with viatical settlement licenses and filings is La. R.S. 22:821 (15). The LDOI has also issued Regulation 58 in regard to administrators and service companies for workers' compensation self-insured funds. Copies of the applicable statutes as well as copies of any applicable Rules and Regulations can be obtained from the LDOI web site at www.ldi.la.gov.

Q: What is the time frame for the review of an application?

A: This Department reviews all applications as soon after submittal as possible. The review process can be expected to take from sixty (60) to ninety (90) 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. The forms are made available on our web site in a format that allows for entry of information directly onto the form.

Q: If an license is not issued until late in the year, is the licensee still required to file an annual report?

A: Yes. All persons licensed on or before December 31 of the reporting year must file an annual report for that year and pay any renewal fee.

Q: Is a foreign or non-resident applicant required to be licensed in the state of domicile or residence before applying in Louisiana?

A: No. Louisiana law has no requirement for foreign or non-resident applicant to be licensed in the domiciliary or resident state before applying in Louisiana.

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 FOR
VIATICAL SETTLEMENT LICENSE
IN THE STATE OF LOUISIANA**

General Information (Type or Print)	
APPLICANT NAME: _____	
TRADE NAME: _____	
FEI OR SOCIAL SECURITY NO.: _____ DOMICILE: _____	
CONTACT: _____ CONTACT TITLE: _____	
CONTACT ADDRESS: _____ _____ _____	
PHONE: _____ FACSIMILE: _____	
E-MAIL: _____	
† This Office will only communicate with the named contact person.	
FEES	
Initial Application (Choose a type of license and pay the indicated fee)	
<input type="checkbox"/> Viatical Settlement Provider (\$1,000.00)	
<input type="checkbox"/> Viatical Settlement Broker (\$50.00)	
<input type="checkbox"/> Viatical Settlement Investment Agent (\$50.00)	
Form, Contract and Advertisement Filing Fee	100.00
Total Payment	

SECTION 2 – ADDRESS AND CONTACT INFORMATION

DOMICILE ADDRESS: Below give the domiciliary (registered office) address of the applicant.		
Address:		
City:	State:	Zip:

MAILING ADDRESS: Below give the mailing address of the applicant.		
Address:		
City:	State:	Zip:

ADMINISTRATIVE OFFICE ADDRESS: Below give the physical address of the main administrative office of the applicant.		
Address:		
City:	State:	Zip:

BOOKS AND RECORDS LOCATION: Below give the physical address where the books and records of the applicant are available for inspection by the Louisiana Commissioner of Insurance.		
Address:		
City:	State:	Zip:

PRIMARY CONTACT: Below give the name, address, phone number and email address for the primary contact person with whom this Department should communication after completion of the licensing process.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

SECTION 2 – ADDRESS AND CONTACT INFORMATION - Continued

COMPLAINT CONTACT: Below give the name, address, phone number and email address for the contact person to whom consumer complaints should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:		Email Address:

CONTACT PHONE NUMBERS Below give the appropriate phone number for the indicated function. If the applicant has designated numbers for specific functions, include that information below.	
FUNCTION	PHONE NUMBER
Primary Phone Number of Applicant	
General Consumer Inquiries	
Other (explain) _____	
Other (explain) _____	
Other (explain) _____	

WEB ADDRESS: If the applicant maintains a web site, give the URL or World Wide Web address of the site.

SECTION 3 - INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION AND THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

<p>1) Has the applicant ever had an application denied by any state or federal regulatory authority? (If yes, provide details including the type of application, the identity of the authority which issued the denial, the reasons for the denial and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever had a Certificate of Authority or license suspended or revoked by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>3) Has the applicant ever been subject to any regulatory action including cease and desist orders, fines, consent agreements or similar actions? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>4) Has the applicant ever been placed into any type of regulatory supervision or rehabilitation by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action , an explanation of any subsequent events and an explanation of the current status.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>5) Is the applicant currently involved in any dispute or controversy with any regulatory authority?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>6) Has the applicant ever been the subject of bankruptcy or liquidation proceedings? (If yes, provide the jurisdiction of the proceedings, the docket number, the current status and the date of final disposition.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>7) Is the applicant currently a defendant or the subject in any legal action alleging fraud, dishonesty or breach of trust on the part of the applicant or its officers, directors, trustees or members? (If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>8) Has the applicant or any person who is presently an officer, director or owner of 10 percent or more of the applicant ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or bill of information, in any jurisdiction, charging a felony or misdemeanor other than minor traffic violations?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>9) Within the last five years, has the applicant changed its name?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>10) Within the last five years, has the applicant undergone a change in domicile? (Changes of domicile address within the same state need not be included.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>11) Within the last five years, has the applicant merged or consolidated with any other entity?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>12) Within the last five years, has the applicant undergone a change in ownership (direct or indirect) of 10 percent or more? (If yes, provide a full explanation of the change in ownership and an organizational/ownership chart which clearly shows the ownership of the licensee both before and after the transaction.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 3 – INTERROGATORIES – Continued

13) Is the applicant presently negotiating or inviting negotiations or acting as party to a counter-letter which would result in a merger or consolidation with any other entity or which would result in a change of ownership of 10 percent or more of the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Is the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant currently licensed in any capacity by the Louisiana Department of Insurance? (If yes, provide the full name of the affiliated entity and the type of license(s) held in Louisiana.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant operated in any capacity in Louisiana for which it would be required to be licensed by the Louisiana Department of Insurance without having first obtained the necessary license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18) Is the applicant currently undergoing an examination or audit (whether routine, targeted or otherwise) being conducted by any state or federal regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19) Is the applicant part of an insurance holding company group? (If yes, provide the holding company group code assigned by the NAIC _____.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20) Is the applicant or its parent corporation a publicly traded company? (If yes, attach a copy of the most recent 10K or equivalent filing.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21) Does the regulatory authority governing the applicant in the state or country of domicile have any statutes or regulations that might prohibit or restrict in any way the disclosure of information concerning the applicant to the Louisiana Department of Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22) Is the applicant licensed for viatical or life settlement business in any other state? (If yes, provide the state and the date of issuance of the license.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 4 - LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (no initials), social security number, resident address, position with the applicant and the percentage of ownership (if applicable) of all natural 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 every natural person owning, directly or indirectly, 10 percent or more of the applicant and any other natural person who exercises control or influence over the affairs of the applicant.

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 5 - EXHIBITS

EXHIBIT A – A copy of the articles of incorporation, partnership agreement, trust agreement or other such organizational document of the applicant certified by the proper domiciliary official.

EXHIBIT B – A copy of the bylaws of the applicant certified as true and correct by the secretary of the applicant, if a corporation; a partner, if a partnership; or other appropriate person.

EXHIBIT C – A copy of the trade name certificate issued to the applicant by the Louisiana Secretary of State. This item must be supplied by any applicant utilizing a trade name or d/b/a in Louisiana.

EXHIBIT D – A copy of the domiciliary certificate of authority or license certified by the proper domiciliary official. If the applicant is not licensed in the domiciliary state, provide an explanation of why.

EXHIBIT E – A Certificate of Compliance, Letter of Good Standing or other similar document confirming the corporate existence of the applicant in the domiciliary state. This document must be certified by the proper domiciliary state official.

EXHIBIT F – A Plan of Operation which addresses the following points:

- What markets does the applicant intend to target?
- What geographic areas does the applicant intend to target?
- 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 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.
- If application is for a viatical settlement investment agent license, the full name of all viatical settlement providers for which the applicant will be seeking funding.

EXHIBIT G – Completed biographical affidavits for all persons responsible for the conduct of affairs of the applicant. This 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, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. Only the most recent version of the affidavit adopted by the National Association of Insurance Commissioners is acceptable. This form can be obtained from the NAIC web site (http://naic.org/documents/industry_ucaa_form11.pdf).

EXHIBIT H - A detailed description of the corporate organizational/ownership structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages for any persons owning 10 percent or more of the applicant and all affiliated entities up to and including the ultimate controlling person. The chart must include the state of domicile and the Federal Employer Identification Number (FEIN) for each person. For a sample chart please go to our web site at <http://www.lidi.state.la.us/Licensing/Company/index.htm/>. If there is no person who owns, directly or indirectly, 10 percent or more of the applicant then you must provide a statement to that effect in lieu of this exhibit.

EXHIBIT I – Copies of all applications, contracts, disclosure statements and advertising material to be used by the applicant in Louisiana.

EXHIBIT J – Completed Appointment of Agent for Service of Process. ALL NONRESIDENT APPLICANTS MUST APPOINT THE LOUISIANA COMMISSIONER OF INSURANCE.

SECTION 5 – EXHIBITS - Continued

EXHIBIT K– If the application is for a viatical settlement provider license, a copy of the most recent audited financial statement (if available) or, if an audited financial statement is not available, a financial statement confirmed as true and correct by the treasurer or chief financial officer of the applicant.

EXHIBIT L – A fraud prevention plan which explains how the applicant shall comply with the provisions of La. R.S. 22:1801. The plan must include the following:

- A description of the procedures for detecting and investigating possible fraudulent viatical settlement acts and procedures for resolving any such activities;
- A description of the procedures for reporting possible fraudulent viatical settlement acts to the Commissioner;
- A description of the plan for anti-fraud education and training of the personnel of the applicant;
- A description or chart outlining the organizational arrangement of the anti-fraud 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.

THE FOLLOWING MUST BE PROVIDED BY LOUISIANA DOMICILED APPLICANTS ONLY

EXHIBIT M – A copy of the acceptance of trust executed by each director of the company. You may find a sample Director’s Acceptance of Trust form at <http://www.ldi.la.gov/docs/default-source/documents/licensing/companies/directors-acceptance-of-trust.pdf?sfvrsn=0> but the applicant is free to develop its own form.

EXHIBIT N – A copy of the oath of officer executed by each officer of the company. You may find a sample form of the Oath of Officer at <http://www.ldi.la.gov/docs/default-source/documents/licensing/companies/oath-of-officer.pdf?sfvrsn=0> but the applicant is free to develop its own form.

EXHIBIT O – A Conflict of Interest Statement completed and signed by every officer and director. You may find a copy of the Conflict of Interest Statement at <http://www.ldi.la.gov/docs/default-source/documents/licensing/companies/conflict-of-interest-statement-for-reg-66>. A copy of the Conflict of Interest policy of the applicant must be supplied with the statement.

EXHIBIT P – Written confirmation from the applicant that the fingerprints have been submitted as indicated in the special instructions in this application.

EXHIBIT Q – Written confirmation from the applicant that third party verification reports have been requested as indicated in the special instructions in this application. Include the name of the firm from which the requests were made and the date of the request and payment.

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
as an authorized representative of _____,
who, after being duly sworn, did depose and state that all information contained in this application and all attachments thereto
are, to the best of his/her knowledge, true, complete and correct. Said individual does further certify that the latest financial
statement of said applicant is available for inspection by the Commissioner of Insurance or his duly authorized representative the
address given in Section 2 of this application.

Signature of Witness

Signature of Applicant, Executive Officer or Other
Comparable Responsible Person

Printed Name of Witness

Printed Name of Signatory

Signature of Witness

Title or Position of Signatory

Printed Name of Witness

SWORN TO and subscribed before me this _____ day of _____, 20____.

Signature of Notary

Printed Name of Notary

NOTARIAL SEAL

My Commission Expires _____

APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

State of _____

County of _____

Entity Name : _____

The entity named above, organized under the laws of _____, for purposes of complying with the laws of Louisiana relating to the holding of a license as a viatical settlement provider within Louisiana, pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints (choose one but nonresidents MUST appointmet the Commissioner);

____ Commissioner of Insurance and his successors

OR

____ Name of Agent: _____

Municipal Address: _____

City: _____ State: LA Zip Code: _____

as the agent upon whom may be served any notice, process or pleading as required by law in any action or proceeding against it in the state of Louisiana; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within Louisiana; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity’s assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as the entity holds a viatical settlement provider license in the state of Louisiana. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

I _____ as _____ of _____ do hereby acknowledge that I am authorized to execute and am executing this document on behalf of the entity first named above and do further certify under penalty of perjury that all of the forgoing is true and correct.

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness

Signature of Officer of Entity

Thus done, said and passed before me, the undersigned notary public in the city of _____ and the state of _____ on the _____ day of _____, 20_____ .

Signature of Notary

Printed Name of Notary

My Commission Expires: _____