



**State of Connecticut
Insurance Department P.O. Box 816
Hartford, CT 06142-0816**

Viatical Settlement Provider Renewal Application

Viatical Settlement Provider: _____ **Date Sent:** _____

Contact for questions or future correspondence: _____

Address: _____

Phone #: _____ **FAX#:** _____

E-mail address: _____

Current License Expiration Date: _____

\$20 Fee, Check Made Payable to the Treasurer, State of Connecticut is attached

Failure to complete & return this form with your fee will result in non-renewal of your provider license. Please allow a minimum of 30 days to ensure your application will be renewed on time.

Attached is a copy of a certificate of good standing from Connecticut and from the domiciliary state of this entity (if different) dated no more than fifteen (15) days before or after the date of this renewal filing.

Attached is a copy of the most recent past year's audited financial statement (if available) or, if an audited financial statement is not available, a financial statement certified as true and correct by the treasurer or chief financial officer of the applicant must be filed with this renewal application.

Attached is the most recent past year's history of rates offered, categorized by life expectancy and listing face amount of policy, percentage of face amount paid to viator, cash surrender value and percentage of cash surrender value paid to viator. If applicable, separate data for viatical settlements for terminal illness and life settlements. If available, provide both CT only data and nationwide data.

Attached are changes to the existing application on file with the Insurance Department for the above viatical settlement provider, along with the appropriate supporting documentation.

Pursuant to §38a-465d(a) of the Connecticut General Statutes, each viatical settlement provider shall file with the Commissioner an annual statement containing such information as the Commissioner prescribes. The Commissioner has adopted regulations as to the content of the annual statement to be filed on or before the first day of March of each year.

CERTIFICATION OF ACCURACY

I certify on behalf of the Applicant, that the Applicant intends to act in good faith as a viatical settlement provider and to comply with all applicable Connecticut laws and with all applicable rules and orders of the Connecticut Commissioner of Insurance.

I further certify that neither the applicant, nor any partner, key manager, director, officer or majority stockholder of the applicant has been convicted of a felony.

Signature

Name (Printed)

Title

State of _____)

)ss:

County of _____)

Sworn before me this _____ day of _____, 20____.

_____, Notary Public. My Commission Expires: _____