



STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE

P.O. Box 82089

Lincoln, Nebraska 68501-2089

(402) 471-2201

[www.doi.ne.gov](http://www.doi.ne.gov)

Overnight Mailing address: 1135 M Street, Suite 300  
Lincoln NE 68508

**VIATICAL SETTLEMENT PROVIDER APPLICATION**

Section I. General Information

Type of Entity Applying:

- \_\_\_\_\_ Individual  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Limited Liability Corporation  
\_\_\_\_\_ Corporation

Applicant Name: \_\_\_\_\_

State of Domicile: \_\_\_\_\_

Home Office Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Date Commenced Business: \_\_\_\_\_

Fees: Application Fee is \$1,000.00. Checks must be submitted with the application form and made payable to the Nebraska Department of Insurance.

Section II. Background Information

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? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has the applicant ever been placed under any type of regulatory supervision? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has the applicant ever had a Certificate of Authority or license revoked or suspended by any regulatory authority? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has the applicant ever changed its name? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Has the applicant ever redomiciled? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Within the last five years, has the applicant undergone a change of ownership of 10% or more? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Within the last five years, has the applicant merged or consolidated with any other entity? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Is the applicant presently negotiating or inviting negotiations or part to a counterletter which would result in a change of ownership of 10% or more? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the reasonably foreseeable future? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory, or nation or governmental subdivision or agency? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Has 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 pleaded 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? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Is the applicant currently engaged in any controversy with any state or federal regulatory agency? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Is the applicant a defendant in any lawsuit asking for a judgment that is equal to or greater than 10% of the total assets of the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Section III. Other Licenses

List all of the states in which applicant is currently licensed or was licensed to do business.

State _____	Licensed? _____	Date? _____	
State _____	Licensed? _____	Date? _____	
State _____	Licensed? _____	Date? _____	
State _____	Licensed? _____	Date? _____	State _____
_____	Licensed? _____	Date? _____	

Section IV. 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 and affairs of the applicant. This list should include all officers, directors, partners (in the case of a partnership), trustees, executive committee members and/or any 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. You may complete additional names on a separate page.

Name:	SSN#:
Address:	Position:
	Ownership Percentage:
Name:	SSN#:
Address:	Position:
	Ownership Percentage:
Name:	SSN#:
Address:	Position:

	Ownership Percentage:
Name:	SSN#:
Address:	Position:
	Ownership Percentage:
Name:	SSN#:
Address:	Position:
	Ownership Percentage:
Name:	SSN#:
Address:	Position:
	Ownership Percentage:

Section V. Required Exhibits

1. Certificate of Good Standing from State of Domicile. A copy of the domiciliary certificate of good standing, certified by the proper domiciliary official to be supplied only if viatical settlement providers are required to be licensed in the state of domicile of the applicant.
2. Plan of Operation which addresses the following items: (a) What markets does the applicant intend to target? (b) What geographical areas? (c) Who will produce business for the applicant and how will these people be trained? (d) What is the total projected Nebraska business over the next five (5) years? (e) Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates, (f) a detailed description of the steps taken by the applicant to ensure immediate access to viator funds, and (g) a detailed description of procedures used by applicant to keep all medical information confidential.
3. A copy of the articles of incorporation, partnership agreement, trust agreement or other organizations document of the applicant certified by the proper domiciliary official.
4. A copy of the by-laws of the applicant certified as true and correct by the appropriate person of applicant.

5. A copy of the anti-fraud plan meeting the requirements of NEB. REV. STAT. § 441112 (7).
6. The NAIC Biographical for each officer, director, partner (in the case of a partnership), trustee, executive committee members and/or any 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.
7. A copy of the last CPA Audit and the latest Examination Report from the state of domicile. If the state of domicile is not required to examine your entity, please so state.
8. Please list all partners, officers, members, and employees of the applicant who will be acting as viatical settlement brokers, if any.
9. Proof of Financial Responsibility in the amount of \$250,000 in the form of a surety bond, certificate of deposit, or a deposit of cash or securities naming the Director of Insurance as obligee (See Section VI).

Section VI. 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 Nebraska 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 Nebraska and must specifically authorize recovery by the director of the Department of Insurance on behalf of any person in Nebraska 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.

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 acknowledgment of principal/surety and power of attorney.**

OTHER EVIDENCE OF FINANCIAL RESPONSIBILITY

2. In lieu of a surety bond, the applicant may deposit with the director, or with banks in Nebraska that the applicant designates, 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 the security device. The depositor shall receive all interest and dividends. The depositor may, with the approval of the director, substitute other securities for those deposited.

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

**BOND NUMBER** \_\_\_\_\_

STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
VIATICAL SETTLEMENT PROVIDER/BROKER SURETY BOND

Know all men by these presents, that \_\_\_\_\_  
(Name of Viatical Settlement Provider/Broker)

a \_\_\_\_\_  
(Description or form of business organization, including state of incorporation, e.g., "a Nebraska 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 laws of the state of \_\_\_\_\_, which is authorized to engage in the business of insurance in the State of Nebraska, as Surety, are hereby held and firmly bound to the Department of Insurance of the State of Nebraska, 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 Nebraska Revised Statutes, Section 44-1103(6)(d), is to secure the compliance by Principal with the terms of Nebraska Revised Statutes, Sections 44-1101 to 44-1117, and any other legal obligations arising out of the Principal's conduct as a Viatical Settlement Provider or Broker.
2. This bond is for the benefit of the State of Nebraska and any person suffering damages by reason of Principal's failure to comply with Nebraska Revised Statutes, Sections 44-1101 to 44-1117 or other legal obligation arising out of the Principal's conduct as a Viatical Settlement Provider or Broker.
3. If Principal shall violate Nebraska Revised Statutes, Sections 44-1101 to 44-1117, or other legal obligation arising out of Principal's conduct as a Viatical Settlement Provider or Broker, the Director of Insurance, 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 or Broker.

4. This obligation may be cancelled by said Surety by giving thirty (30) days' notice in writing of its intention to do so to the Department of Insurance of the State of Nebraska and said Surety shall be relieved of any further liability under this bond thirty days after receipt of said notice by the Department of Insurance of the State of Nebraska.
5. Regardless of the amount of years this bond shall continue in force and the number of premiums which shall be payable or paid, the surety's total limit of liability shall not be cumulative from year to year or period to period.

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)

**ACKNOWLEDGMENT BY SURETY**

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public, within and for said County and State, personally appeared \_\_\_\_\_ to me personally known to be the Attorney-in-Fact of and for \_\_\_\_\_ and acknowledged that he or she executed the said instrument as the free act and deed of said Company.

In witness whereof, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

\_\_\_\_\_  
 Notary  
 Public in the State of:  
 County of:

