



Monica J. Lindeen
Commissioner of Securities & Insurance
Montana State Auditor
840 Helena Ave
Helena, MT 59601

Phone: 406.444.2040
800.332.6148
Fax: 406.444.3497
www.csimt.gov

RENEWAL OF VIATICAL SETTLEMENT PROVIDER LICENSE

The undersigned hereby applies for a renewal of its certificate of authority to act as a viatical settlement provider pursuant to Title 33, Chapter 20 of the Montana Code Annotated:

(Name of Viatical Settlement Provider)

(Mailing Address)

(City, State, Zip Code)

(Phone)

(F.E.I.N.)

(Contact Person)

(Direct Phone Number)

On or before March 1 of each year, viatical settlement providers shall submit to the department an annual fee in the amount of \$1900. On or before March 1 of each year, the viatical settlement provider shall file the Montana Viatical Settlement Provider Annual Report, including reports VSP 001; VSP 002; VSP 003 and VSPB 001 for the preceding calendar year with the commissioner. The report must be in the form and must contain the information that the commissioner prescribes.

On or before June 1 of each calendar year, each viatical settlement provider shall submit annual audited financial statement, if such statements are regularly prepared in the ordinary course of business. Attached hereto, if applicable, certified copies of amendments to articles of incorporation, and biographical affidavits for all new officers of the company.

The undersigned officer understands that the company's Montana license is conditioned upon the holder hereof now and hereafter being in full compliance with all Montana laws and lawful requirements as long as such laws and requirements are in effect and applicable.

(Signature of Officer)

(Date)

(Printed Name of Officer)

(Title of Officer)