APPLICATION FOR REGISTRATION
LIFE EXPECTANCY PROVIDER

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation (Office).

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal floir.gov/iportal and select Insurance Regulation Filing System (IRFS) to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office at the following link:

floir.gov/iportal

Any questions concerning this application packet may be directed to lhappcoord@floir.gov.

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fee

Applicant must pay an application fee of $500 U.S. Dollars, pursuant to section 626.99175(2), Florida Statutes. This fee is due at the time the application is filed and is not refundable.

Section I-2 Fingerprint Fees

Applicant is required to pay a fee directly to the vendor for the processing of the fingerprint cards required in Section VI-4. Please see Form OIR-C1-938, "Fingerprints and Social Security Number" for instructions.

Section I-3 Application Checklist and Certification

Applicant must fully complete the Application Checklist and Certification and submit them with the application.

SECTION II - LEGAL

Section II-1 Organizational Documents

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Bylaws or Similar Documents

Submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless Applicant does not have this position.

Section II-3 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of business entities in the Applicant's home state, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-4 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-5 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-6 Fictitious Name Filing

If Applicant plans to utilize a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

SECTION III - FINANCIAL

Section III-1 Plan of Operations

The Office must have a clear understanding of the present and proposed operations of Applicant. Provide a narrative of Applicant's business plan of operations including, but not limited to, the following information and documentation:

A. History

i. A brief history of Applicant, including full name (present, prior, legal, and fictitious names, if applicable), age, residence address, business address, and all occupations engaged in by Applicant during the 5 years preceding the date of the application.

ii. Complete information concerning any criminal, civil, or administrative actions pending or final against Applicant and any litigation brought in connection with the business of the issuance of life expectancies used in connection with a viatical settlement contract or viatical settlement investment, or any other administrative, civil or criminal action in which Applicant has been named as a defendant or co-defendant.

iii. Statement as to whether or not any viatical settlement broker, viatical settlement provider, or insurance agent in the business of viatical settlements in this state, directly or indirectly, owns or is an officer, director, or employee of Applicant.

B. Organizational Chart

Furnish a complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any affiliated entities, clearly stating all ownership percentages.

C. Business Operations

i. A general description of the following policies and procedures covering all life expectancy determination criteria and protocols:

1. The plan or plans of policies and procedures used to determine life expectancies.

2. A description of the training, including continuing training, of the individuals who determine life expectancies.

3. A description of how Applicant updates its manuals, underwriting guides, mortality tables, and other reference works and ensures that Applicant bases its determination of life expectancies on current data.

ii. Applicant's plan for assuring confidentiality of personal, medical, and financial information in accordance with federal and state laws.

iii. A list of persons performing life expectancies and a description of their experience.

D. Any other information Applicant deems pertinent to its application that will assist the Office in determining if Applicant has met the minimum statutory requirements for registration.

Section III-2 Anti-Fraud Plan

Provide a copy of Applicant's anti-fraud plan that complies with section 626.99278, Florida Statutes, which Applicant will file with the Florida Department of Financial Services' Division of Investigative and Forensic Services, as per the above statute.

Section III-3 Addresses and Location of Books and Records

Provide the following addresses and corresponding telephone numbers, where applicable:

A. Home office;
B. Administrative office;
C. Mailing;
D. Florida office;
E. Location of records pertaining to the life expectancy business of Applicant; and
F. Location of any storage facility where books or records pertaining to the life expectancy business of Applicant are or will be stored.

SECTION IV - AGREEMENTS, CONTRACTS, OR OTHER ARRANGEMENTS

Provide a list of any agreements, contracts, or any other arrangements to provide life expectancies to a viatical settlement provider, viatical settlement broker, or any other person in the business of viatical settlements in connection with any viatical settlement contract or viatical settlement investment.

SECTION V - AUDIT OF LIFE EXPECTANCIES

As part of the application, and on or before March 1 or every 3 years thereafter, Applicant is required to file with the Office an audit of all life expectancies by Applicant for the 5 calendar years immediately preceding such audit, which audit shall be conducted and certified by a nationally recognized actuarial firm and shall include the following information:

A. A mortality table;

B. The number, percentage, and an actual-to-expected ratio of life expectancies in the following categories:

- **i.** Life expectancies of less than 24 months
- **ii.** Life expectancies of 25 to 48 months
- **iii.** Life expectancies of 49 to 72 months
- **iv.** Life expectancies of 73 to 108 months
- **v.** Life expectancies of 109 to 144 months
- **vi.** Life expectancies of 145 to 180 months
- **vii.** Life expectancies of more than 180 months

The audit of life expectancies must comply with the requirements of section 626.99175(5), Florida Statutes, and Rule 69O-204.201(3), Florida Administrative Code.

SECTION VI - MANAGEMENT

Section VI-1 Management Information Forms

Submit a Management Information Form OIR-C1-2221 showing the name, business and residence addresses, and official position of each individual who is responsible for the conduct of Applicant's affairs, including, but not limited to, all members of Applicant's board of directors, board of trustees, executive committee, or other governing board or committee, and any person or entity owning or having the right to acquire 10% or more of the voting securities of Applicant, up to and including any 10% or greater interest holders of the ultimate parent, and also any person performing life expectancies by Applicant. A separate Management Information Form should be submitted for each entity.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section VI-2 Biographical Information Package

Each person listed in Section VI-1, must submit a complete Biographical Information Package. The Biographical Information Package consists of the following forms:

- OIR-C1-1423, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit”
- OIR-C1-938, “Fingerprints and Social Security Number”
- OIR-C1-0500, “UCAA Biographical Affidavit Addendum Blank”
- OIR-C1-0501, “UCAA Biographical Affidavit Addendum Education”
- OIR-C1-0502, “UCAA Biographical Affidavit Addendum Employment”
- OIR-C1-0503, “UCAA Biographical Affidavit Addendum General”
- OIR-C1-0504, “UCAA Biographical Affidavit Addendum Licenses”
- OIR-C1-0505, “UCAA Biographical Affidavit Addendum Professional”
- OIR-C1-0506, “UCAA Biographical Affidavit Addendum Residence”
- OIR-C1-0507, “UCAA Biographical Affidavit Addendum Societies”
- OIR-C1-0509, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure”

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized. All questions must be answered. All “Yes” answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section VI-3 Background Investigative Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.gov who has been approved for use by the National Association of Insurance Commissioners. Submission should be in Microsoft Word format, with appropriate reference to Applicant in the subject of each transmittal e-mail.

Reports should be submitted prior to, or contemporaneously with, the submission of each application filing. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party.

Applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to lhappcoord@floir.com.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section VI-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section VI-2 must also submit their fingerprints to the Office. Please refer to our website at floir.gov/company-admissions/fingerprinting-procedures for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071 (5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

CHECKLIST

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

☐ **Applicant Acknowledges:** Pursuant to sections 626.99175(3) & (7), Florida Statutes, if any of the information submitted in the application for registration changes subsequent to registration, the registrant shall notify the Office in writing and provide documentation evidencing such changes within 45 days. Changes in the registrant's name, residence address, principal business address, or mailing address requires at least 30 days advance notice.

SECTION I - APPLICATION FORM & FEES

☐ **1.** Application fee paid

☐ **2.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

☐ **3.** Application Certification

SECTION II - LEGAL

☐ **1.** Organizational Documents (Articles of Incorporation or equivalent documents)

☐ **a.** Certified by domiciliary jurisdiction

☐ **2.** Bylaws (or equivalent documents)

☐ **a.** Certified by Secretary

☐ **3.** Certificate of Status from state of domicile

☐ **4.** Certificate of Status from Florida

☐

☐ **5.** Authorization Letter

☐ **6.** Fictitious Name Filing (if applicable)

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

CHECKLIST

Applicant Name: _____

SECTION III - FINANCIAL

- ☐ **1.** Plan of Operations, including, but not limited to:
  - ☐ **a.** History
    - ☐ **i.** Brief history of Applicant
    - ☐ **ii.** Complete information regarding litigation or other legal actions
    - ☐ **iii.** Statement regarding owners and employees
  - ☐ **b.** Organizational chart
  - **c.** Business operations
    - **i.** General description of the following:
      - ☐ **1.** Determination of life expectancies
      - ☐ **2.** Training
      - ☐ **3.** Updating reference works
    - ☐ **ii.** Plan for confidentiality
    - ☐ **iii.** List of persons performing life expectancies and experience
  - ☐ **d.** Other relevant information
- ☐ **2.** Copy of anti-fraud plan
- **3.** Addresses and phone numbers for the following locations:
  - ☐ **a.** Home office
  - ☐ **b.** Administrative office
  - ☐ **c.** Mailing
  - ☐ **d.** Florida office
  - ☐ **e.** Location of records pertaining to life expectancy business
  - ☐ **f.** Location of storage facilities

SECTION IV – Agreements, Contracts, or Other Arrangements

- ☐ **1.** List of agreements, contracts, or other arrangements to provide life expectancies

APPLICATION FOR REGISTRATION LIFE EXPECTANCY PROVIDER

CHECKLIST

Applicant Name: _____

SECTION V – AUDIT OF LIFE EXPECTANCIES

1. Applicant has provided:

- ☐ **a.** Mortality table
- **b.** Number, percentage, and actual-to-expected ratio of life expectancies for the following:
  - ☐ **i.** Life expectancies of less than 24 months
  - ☐ **ii.** Life expectancies of 25 to 48 months
  - ☐ **iii.** Life expectancies of 49 to 72 months
  - ☐ **iv.** Life expectancies of 73 to 108 months
  - ☐ **v.** Life expectancies of 109 to 144 months
  - ☐ **vi.** Life expectancies of 145 to 180 months
  - ☐ **vii.** Life expectancies of more than 180 months

SECTION VI - MANAGEMENT

- ☐ **1.** Management Information Forms (Form OIR-C1-2221)
  - ☐ **a.** Submitted for all required entities
- ☐ **2.** Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** “Yes” answers explained
  - ☐ **c.** Signed
  - ☐ **d.** Notarized
- ☐ **3.** Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
  - ☐ **a.** Proof of order and confirmation of payment submitted to the Office
- ☐ **4.** Fingerprint cards for all required individuals (Form OIR-C1-938)
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Signed

APPLICATION CERTIFICATION

To be executed by Applicant if an individual or Applicant's President or equivalent officer if not an individual.

The undersigned states that they have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to be licensed as a life expectancy provider in Florida; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represents that they have the authority to bind Applicant, and that by their signature on the instrument, Applicant has executed the instrument.

The undersigned understands that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to section 837.06, Florida Statutes, punishable as provided in section 775.082 or section 775.083, Florida Statutes.

By: _____

[Corporate Seal]

Print Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or

☐ online notarization, this ____ day of _____ 20____, by_____
(name of person)

as_____ for _____.
(type of authority; e.g., officer) (company name)

_____
(Signature of the Notary)

_____
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires _____

OIR-C1-1663
Effective: 08/26
Rule: 69O-136.100, F.A.C.