

**OFFICE OF SUPERINTENDENT OF INSURANCE
COMPANY LICENSING BUREAU
PHYSICAL ADDRESS: 1120 PASEO DE PERALTA, ROOM 439, SANTA FE, NM 87501
MAILING ADDRESS: P.O. BOX 1689, SANTA FE, NM 87504-1689
(505) 827-4362**

**SUMMARY OF THE REQUIRED DOCUMENTS FROM
VIATICAL SETTLEMENT PROVIDERS SEEKING ADMISSION TO TRANSACT
BUSINESS IN THE STATE OF NEW MEXICO**

NAME OF VIATICAL SETTLEMENT PROVIDER

In support of the application, please furnish the OSI with the items listed below:

_____ 1. **APPLICATION FEE 59A-20A-3(C) & 59A-6-1(N)(1)(A)** A non-refundable application fee in the sum of \$1,000.00 must accompany this application before it can be reviewed. Make the check payable to the *Office of Superintendent of Insurance or OSI*.

_____ 2. **APPLICATION FOR CERTIFICATE OF AUTHORITY 59A-20A-3(E)**

IF A NATURAL PERSON OR PARTNERSHIP:

Apply by letter stating that the company is seeking admission to transact viatical settlement business in the State of New Mexico.

IF A CORPORATION:

Apply by letter, transmitting a certified copy of the Resolution of the Board of Directors stating under oath, of the president or vice president, or other chief officer on behalf of the company, that the company is seeking admission as a Viatical Settlement provider. The Resolution must be notarized.

_____ 3. **ARTICLES OF INCORPORATION 59A-20A-3(E)** If a corporation provide the company's initial Articles of Incorporation and all amendments thereto. The Articles of Incorporation must be certified, and bear the seal of the state official having custody of the original documents.

_____ 4. **CERTIFICATE OF GOOD STANDING 59A-20A-3(E)** Provide us with a Certificate of Good Standing from the New Mexico Office of Secretary of State, Corporations Division.

_____ 5. **BY-LAWS 59A-20A-3(E)** If a corporation provide a copy of the By-Laws certified by the state official having custody of the original or the company's corporate secretary. Ensure that the corporate seal is affixed to the secretary's certification.

_____ 6. **UNIFORM CONSENT TO SERVICE OF PROCESS 59A-20A-3(H)** A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the Viatical Settlement Provider. The NAIC UCAA Form 12 is available on the NAIC website at www.naic.org

7. **ANNUAL STATEMENT 59A-20A-6 & 59A-20A-7(A)** The most current Annual Statement certified by the state official having custody of the original document must be filed with this Division. The Annual Statement must comply with the requirements.
8. **CERTIFICATE OF COMPLIANCE 59A-20A-3(G)(4)** If a corporation, provide a Certificate of Compliance certified by the state of domicile.
9. **MANAGEMENT 59A-20A-3(E)(F)** Provide a complete list of the partners, officers, members, employees, and other key employees of the company. Indicate the terms of their office, their business affiliation with the company, and any business affiliation other than the Viatical Settlement.
10. **BIOGRAPHICAL AFFIDAVITS 59A-20A-3(E)** Submit a Biographical Affidavit for each individual who is indicated on the list of partners, officers, members, and other key employees of the company. Please complete the most current form and the affidavit must be originally signed and notarized within six months of the application date or they will not be valid. The most current form can be found at www.naic.org
11. **VIATICAL SETTLEMENT CONTRACTS & DISCLOSURE FORMS 59A-20A-5** The Viatical settlement contracts and disclosure forms the company will be utilizing in New Mexico must be submitted for review and approval together with this application and the required filing fee must be paid.
12. **PLAN OF OPERATION 59A-20A-3(G)(1)** The provider must submit a detailed plan of operation with the application.
13. **CONTACT PROCESSING FORM 59A-20A-3(E)** Must be completed in its entirety.
14. **DEPOSIT 59A-20A-10(D)** A deposit for \$100,000.00 will be required to be made with the Insurance Division. Upon the application approval of the company for licensure to transact business in New Mexico, we will provide you with the instructions to make the deposit.
15. **RENEWAL NOTICE 59A-20A-3(D) & 59A-6-1(N)(1)(B)** Please provide us with a written statement acknowledging that the company must renew its License on or before the anniversary date of licensure and that the OSI will not issue a new License upon renewal since they are perpetual.

Please mail the application fee along with items 1 through 15 in paper form to:

**Office of Superintendent of Insurance (OSI)
Attn: Company Licensing Bureau
1120 Paseo De Peralta, Room 439
Santa Fe, New Mexico 87501**

If you have any questions regarding the requested documents above, please contact the Company Licensing Bureau at 505-827-4362.

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CONTACT PROCESSING FORM

COMPANY COMPLETE NAME – Do not abbreviate name.

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STATUTORY HOME OFFICE ADDRESS

MUST BE LOCATED IN STATE OF DOMICILE (PER NMSA §59A-5-22(B)) – As identified with the Certificate of Authority in domiciled state (This definition is consistent with the Annual Statement)

<u>Physical location only:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY MAILING ADDRESS

<u>Street, P O Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY CONTACT FOR GENERAL & SPECIAL DEPOSITS/SURETY BONDS

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>