



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Financial Conditions Division

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Location:
 Financial Conditions
 1124 Smith Street
 Charleston WV 25301

Viatical Settlement Provider Surety Bond

Bond No: _____

KNOW ALL BY THESE PRESENTS that, _____, doing business as _____, a registered viatical settlement provider in the State of West Virginia as Principal and _____, as Surety, are held and firmly bound unto the West Virginia Insurance Department, as obligee, for the use and benefit of the people of the State of West Virginia, in the full and just sum of \$250,000.00¹ for the payment of which sum, will and truly to be made, we hereby bind ourselves and each of our administrators, successors and assigns, jointly and severally, firmly by these presents.

The Principal intends to meet the license requirements of the West Virginia Insurance Department and has applied with the West Virginia Insurance Commissioner for registration as a viatical settlement provider, or has obtained registration, and is required by W. Va. Code §33-13C-3(4) to give this bond.

The bond of the above bonded Principal is conditioned upon full accounting and due payments to the person entitled thereto as of incident of viatical settlement provider transactions and funds brought into the viatical settlement provider's possession under the license.

In no event shall the aggregate liability of the Surety for any and all claims to one or more claimants exceed the bond penalty. The liability of the Principal shall in no way be limited merely by the Surety's satisfaction hereof.

This bond shall be effective upon execution and remain in continuous force and effect unless the license of the Principal is suspended, revoked or otherwise terminated or released by the Commissioner, or without prejudice to a liability previously incurred, the Surety may cancel this bond by giving thirty (30) days advance written notice to said Principal and the Commissioner.

SIGNED, SEALED AND DATED THIS _____ day of _____, _____.

 Printed Name of Authorized Representative

 Signature of Authorized Representative

 WVID Certificate of Authority No. of Surety

(Seal)

By: _____
 Printed Name of Attorney in Fact²

 Signature of Attorney in Fact

¹ Pursuant to Article 33-13C-3(4), the amount must be not less than \$250,000.

² Please attach a copy of the Power of Attorney to this form.