



**KIM HOLLAND**  
**OKLAHOMA INSURANCE COMMISSIONER**  
**P. O. BOX 53408, OKLAHOMA CITY, OK 73152**  
**(405) 521-3921 [www.oid.ok.gov](http://www.oid.ok.gov)**

**Viatical Settlement Provider Bond**

**Bond Number:** \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:**

That we, \_\_\_\_\_  
of \_\_\_\_\_ as Principal,  
and \_\_\_\_\_ of \_\_\_\_\_,  
as Surety, are held and firmly bound unto the Oklahoma State Insurance Commissioner and the Commissioner's successors in function, for the use and benefit of the people of the State of Oklahoma, as obligee, in the full and just sum of Fifty Thousand Dollars (\$50,000.00) for the payment of which sum, will and truly to be made, we hereby bind ourselves and each of our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, the principal has applied to the Commissioner of Insurance of the State of Oklahoma for a license as a Viatical Settlement Provider and is required by Title O.S. 36 § 4055.3, OAC Title 365 Chapter 25 Subchapter 11 Section 11-3 to give this bond.

**NOW, THEREFORE**, the bond of the above bound Principal is conditioned upon full accounting and due payments to the person or company entitled thereto as an incident of Viatical Settlement transactions and funds brought into the Viatical Settlement licensee's possession under the license.

**PROVIDED, HOWEVER**, in no event shall the aggregate liability of the Surety for any and all claims to one or more claimants exceed the bond penalty.

This bond shall remain in force until released by the Commissioner or without prejudice to a liability previously incurred, the Surety may cancel this bond by giving thirty (30) days written notice to said Principal and the Commissioner of Insurance at Oklahoma City, Oklahoma.

**Signed, sealed and dated the** \_\_\_\_\_ **day of** \_\_\_\_\_ , \_\_\_\_\_

(SEAL)

SEAL OF SURETY

\_\_\_\_\_  
Principal  
  
By: \_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Surety  
  
By: \_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Typed or Printed Name  
  
Address: \_\_\_\_\_  
  
\_\_\_\_\_  
City ST Zip  
  
Telephone: \_\_\_\_\_

(Oklahoma Resident or Non-Resident Agent)

License No.: \_\_\_\_\_