

THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

(617) 521-7794

Toll-free (877) 563-4467

APPLICATION FOR LIFE SETTLEMENT BROKER LICENSE CORPORATIONS, PARTNERSHIPS & LIMITED LIABILITY COMPANIES

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Submit a detailed Anti-fraud plan that meets the requirements of M.G.L. c. 175, §223B (g).
- The application must name at least one person who is individually licensed in Massachusetts as a life settlement broker who will be responsible for the business entity's compliance with the life settlement laws of the Commonwealth.
- Sign and date the application
- Return this application with a check made payable to the Commonwealth of Massachusetts in the amount of \$75.00 per each member, officer, and employee named in this application who will act as a licensee on behalf of the business entity.
- NOTE: Application fees are not refundable.

Corporations must also include:

- A copy of the Articles of Organization.
- A Certificate of Existence from the Secretary of the Commonwealth of Massachusetts for a corporation.

Partnerships must also include:

• A copy of the Partnership Agreement signed by the partners.

LLC's must also include:

- A copy of the Certificate of Organization.
- A Certificate of Existence from the Secretary of the Commonwealth of Massachusetts.

Non-Resident Corporate Brokers, in addition to the above requirements, must also provide:

- A non-resident business entity must first hold a resident Business Entity Life Settlement Broker License in its resident state, prior
 to applying for a non-resident Business Entity Life Settlement Broker license in Massachusetts. The business entity's resident
 state license status will be verified prior to issuance of a Massachusetts non-resident Business Entity Life Settlement Broker
 license
- A certificate of good standing, not more than 90 days old, from its resident state.
- A written designation of an agent for service of process or a written irrevocable consent that any action against the applicant may be commenced against the applicant by service of process on the Commissioner.

If you have any questions or need assistance, please contact the Division The application form with your check should be mailed to:

> MA Division of Insurance Producer Licensing 1000 Washington Street Suite 810 Boston, MA 02118

Please Print or Type To the Commissioner of Insurance:		Fed ID #		
1. Application is hereby made for a Busine	ess Entity Life Settlement Broker	License issued to:		
Insert exact name of the Corporation, Part shown above.	tnership, or LLC as it will appear	on the license. You ma	y only conduct bus	iness in the name
2. Business Address: Street	City	State	Zip	
3 Rusiness Telephone: ()	Oily	Otato	- ip	

4. Business Email Address:						
5. If applicant is a non-resident:						
Identify Home State						
Identify Home State Life Settlement	Broker license #					
6. Identify all partners, members, office the business entity (if necessary, attach		s, controlling persons	s and any shareholders ov	<i>ı</i> ning 10% or	more interest in	
NAME	TITLE		% OF OWNERSHIP			
NAME			% OF OWNERSHIP			
NAME	TITLE		% OF OWNERSHIP		HP	
7. Identify a designated responsible lice	ensed life settlement b	roker for this busines	ss entity (required):			
NAME:						
MA LIFE SETTLEMENT BROKER LICE	ENSE NUMBER:					
TELEPHONE NUMBER_()						
BUSINESS EMAIL ADDRESS						
8. Identify all members, officers and en attach additional sheet):	nployees you wish to a	uthorize to act as lice	ensees under the business	entity licens	se (if necessary,	
FULL LEGAL NAME			DATE OF BIRTH	/	_/	
SOCIAL SECURITY NUMBER	AL SECURITY NUMBER		TELEPHONE # _()			
HOME ADDRESSStreet	City	State	Zip			
3.100.	J.,,	Ciaic	—·F			
FULL LEGAL NAME			DATE OF BIRTH	/	_/	
SOCIAL SECURITY NUMBER		TELEPHONE # _()				
HOME ADDRESSStreet	City	State	Zip			
Stroot	Oily	Oldio	2.15			
FULL LEGAL NAME			DATE OF BIRTH	/	_/	
SOCIAL SECURITY NUMBER		TELEPHONE # _()				
HOME ADDRESSStreet	City	State	Zip			
9. Does the business entity hold or has	•		•	lent in the Co	ommonwealth of	
If yes, complete the following:						
License Number:						
Date(s) license held:						
Lines of Authority:						

10. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
If you answer yes, you must attach to this application: a) a written statement identifying the type of license; identifying all parties involved (including their percentage of ownership, if any and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
[] Yes [] No
11. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company for overdue monies or has the business entity been the subject of a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.
[] Yes [] No (If YES, attach details)
12. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?
Note: "Crime" includes a misdemeanor, a felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.
If you answer yes, you must attach to this application: a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.
[] Yes [] No

Applicant's Certification and Attestation

On behalf of the business entity, the undersigned hereby certifies, under penalty of perjury, that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false
 information or omitting pertinent or material information in connection with this application is grounds for license or registration
 revocation and may subject me and the business entity to civil or criminal penalties. At any time, if any of the information in this
 application changes, I will notify the Division of Insurance within 30 days.
- 2. Unless provided otherwise by law or regulation, the business entity hereby designates the Commissioner of Insurance to be its agent for service of process regarding all life settlement matters in Massachusetts and agrees that service upon the Commissioner is of the same legal force and validity as personal service upon the business entity.
- 3. The business entity grants permission to the Commissioner of Insurance to verify any information supplied with any federal, state or local government agency or a current or former employer.
- 4. Every owner, partner, officer, director or member of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- 5. I authorize the Commonwealth of Massachusetts to which this application is made to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdiction and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the life settlement laws and regulations of the Commonwealth of Massachusetts to which I am applying for licensure.

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Dated at	this day of,,
	Year
	,Applicant
Full Signature	
Title	