



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

One Federal St, Suite 700
(617) 521-7794

Boston, Massachusetts 02110
Toll-free (877) 563-4467

APPLICATION FOR LIFE SETTLEMENT PROVIDER LICENSE

To: The Commissioner of Insurance

Application is hereby made for a Life Settlement Provider License pursuant to M.G.L. c. 175 §§ 212 – 223E, and in support thereof, the following information and documentary evidence is submitted for review:

1. What is the type of organization (check one):

☐ Corporation ☐ Partnership ☐ Association ☐ Other _____

If a corporate entity, is the applicant authorized by the Massachusetts Secretary of State's office to transact business in this state as either a domestic or foreign corporation? ☐ Yes ☐ No

2. Name of Organization _____

Federal Employer ID #: _____

3. Street Address: _____

City / State / Zip: _____

Telephone Number: (____) _____ FAX Number (____) _____

Email Address: _____

4. Name of Attorney or Principal filing this application _____

Street Address: _____

City / State / Zip: _____

Telephone Number: (____) _____ FAX Number (____) _____

Email Address: _____

5. All basic organizational documents of the applicant, including but not limited to Articles of Incorporation, Articles of Association, or other applicable documents, with all amendments thereto.
6. All current by-laws, rules, or other similar documents that regulate the conduct of the internal affairs of the applicant, and all amendments thereto.
7. If the applicant is a non-resident corporation, a current Certificate of Good Standing from its domiciliary state.
8. The identity of all of the following: Stockholders holding ten percent or more of the voting securities; Investors holding a ten percent or greater interest; Partners, Corporate officers, Trustees, Affiliates, and if an association, all of the members.

9. Biographical affidavits of all of the following should be attached: Officers, Directors, Stockholders holding ten percent or more of the voting securities; Investors holding a ten percent or greater interest; Partners, Trustees and Members, if an association.
10. A copy of the most recent audited financial statement.
11. A detailed Plan of Operation for your proposed business activities pursuant to the requested Life Settlement Provider License.
12. Information concerning any administrative proceedings or investigations conducted concerning the applicant by regulatory authorities in any state or by any federal authority.
13. The name and address of a Massachusetts resident who is an agent for service of process and upon whom notices or orders of the Commissioner of Insurance ("Commissioner") or process issued at his / her discretion may be served; or, the applicant must file with the Commissioner the applicant's written irrevocable consent that any action against the applicant may be commenced against the applicant by service of process on the Commissioner.
14. An antifraud plan that meets the requirements of M.G.L. c.175, §223B(g).
15. A nonrefundable application fee of \$1,275.00 made payable to "The Commonwealth of Massachusetts".
16. A nonrefundable annual license fee of \$250.00 made payable to "The Commonwealth of Massachusetts".
17. Each application for a Life Settlement Provider License, under M.G.L. c. 175 §§ 212- 223F, shall be certified by the applicant or authorized representative of the applicant.

This application must be signed by the President and Secretary of a Corporation, two Partners of a partnership, or two official representatives of any other type of organization who have legal authority to bind the organization.

I (We) hereby apply for a license to act as a Life Settlement Provider under the laws of the Commonwealth of Massachusetts, as provided in M.G.L. c. 175, §§212 -223F. I (We) hereby certify under penalty of perjury that I (we) have read this application, including attached documents, know the contents thereof and that each statement herein is full, true and correct.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

If you have any questions or need assistance, please contact the Division at
companies.mailbox@mass.gov

This application, accompanied by a check for the combined License Application Fee and Annual License Fee of **\$1,525.00** made payable to the **Commonwealth of Massachusetts** should be mailed to:

Massachusetts Division of Insurance
Company Licensing Section
One Federal Street – Suite 700
Boston. MA 02110