



## THE COMMONWEALTH OF MASSACHUSETTS

### Division of Insurance

1000 Washington St, Suite 810  
(617) 521-7794

Boston, Massachusetts 02118-6200  
Toll-free (877) 563-4467

### RENEWAL APPLICATION FOR LIFE SETTLEMENT PROVIDER LICENSE

To: The Commissioner of Insurance

Pursuant to the provisions of M.G.L. c. 175 §§ 212 – 223E, application is hereby made to renew the license for the following Life Settlement Provider:

1. Name of Organization \_\_\_\_\_
2. Life Settlement Provider  
License #: \_\_\_\_\_
3. Federal Employer ID #: \_\_\_\_\_
4. If the licensee's mailing address, telephone number or contact information has changed, please complete the following:  
Street Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ FAX Number (\_\_\_\_) \_\_\_\_\_  
Toll Free Number (if any) (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

5. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently charged with, committing a crime or had a judgment withheld or deferred which has not been previously reported to this insurance department?

**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

☐ Yes      ☐ No

**If you answered "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; and
- c) A copy of the official document which demonstrates the resolution of the charges or any final judgment.

This application must be signed by the President, Partners and/or Secretary of the licensee who have legal authority to bind the organization.

I (We) \_\_\_\_\_ (type or print name) hereby certify that the above statements are true to the best of my (our) knowledge and belief and are made subject to the penalty of perjury.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Direct Phone #: (\_\_\_\_)\_\_\_\_\_

Direct Business  
Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Direct Phone #: (\_\_\_\_)\_\_\_\_\_

Direct Business  
Email: \_\_\_\_\_

If you have any questions or need assistance, please contact the Division at  
companies.mailbox@state.ma.us

This application, accompanied by a check for the Annual License Renewal Fee of **\$250.00**  
made payable to the **Commonwealth of Massachusetts**, should be mailed to:

**Massachusetts Division of Insurance**  
**Company Licensing Section**  
**1000 Washington Street – Suite 810**  
**Boston. MA 02118-6200**