



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

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

Boston, Massachusetts 02110
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@mass.gov.

This application should be emailed to companies.mailbox@mass.gov

The \$250 payment should be sent electronically via OPTins.org or a check could be sent
to:

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