

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 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.
- 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.

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

Check appropriate box for license renewal requested

 Resident Licens Non-Resident L Identify Ho Identify Ho 					
To the Commissioner of Insurance: Fed ID # 1. Application is hereby made to renew the Business Entity Life Settlement Broker License issued to:					
Insert exact name of the one of t	Corporation, Partnershi	ip, or LLC as it will appea	r on the license. You may	only conduct business in the name	
2. Massachusetts Life Se	ttlement Broker Licens	e #			
3. Business Address:					
4. Business Telephone: _	Street _()	City	State	Zip	
5. Business Email Addres	ss:				
6. Identify all partners, n in the business entity (if it			ng persons and any shareh	olders owning 10% or more interes	
NAME		TITLE		% OF OWNERSHIP	
NAME		TITLE		% OF OWNERSHIP	

_% OF OWNERSHIP___

TITLE

7. Identify a designate	ed responsible licens	sed life settlement br	oker for this business	entity (required):		
NAME:				_		
MASSACHUSETTS LI	FE SETTLEMENT I	BROKER LICENSE	NUMBER:			
TELEPHONE NUMBE	R_()					
BUSINESS EMAIL AD	DRESS			_		
8. Identify all member necessary, attach add		oyees you wish to a	uthorize to act as lice	nsees under the business	entity licen	se (if
FULL LEGAL NAME_				_ DATE OF BIRTH		/
SOCIAL SECURITY NUMBER			TELEP	HONE # _()		
HOME						
ADDRESSStre	eet	City	State	Zip		
FIII I EGAL NAME				DATE OF BIRTH	1	1
SOCIAL SECURITY N				HONE # _()		
HOME	UWBER			HONE # _()		
ADDRESSStre						
Stre	eet	City	State	Zip		
FULL LEGAL NAME_				_ DATE OF BIRTH	/	
SOCIAL SECURITY N	UMBER		TELEP	HONE # _()		
HOME ADDRESS						
Stre	eet	City	State	Zip		
or involved as a post been previous "Involved" mean probation, sanctito an administratinaving a license solely to noncom If you answer yea, a written state and explaining the b, a copy of the first copy of the first bear of the copy of the first bear of the firs	carty in an administrative sly reported to this in a shaving a license of coned or surrendering ive or arbitration properties of application denied of pliance with continuous, you must attach to ment identifying the secircumstances of Notice of Hearing or official document where the continuous of the secircumstances of Notice of Hearing or official document where the secircumstances of the secircumstances of Notice of Hearing or official document where secircumstances of the se	rative proceeding reconsurance department ensured, suspended g a license to resolve ceeding which is release to the act of withdrawing education requires this application: type of license; identicated incident, other document that ich demonstrates the	garding any professiont? d, revoked, canceled, e an administrative acated to a professiona ving an application to ements or failure to putifying all parties involutifying all parties involution of the charges are resolution of the charges are resolution.	olved (including their perce	es, or registressed a fine ans being na "Involved" a exclude terressentage of over	ration, which has e, placed on amed as a party also means minations due
[] Yes	[] No	(If `	YES, attach details)			

10. 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.

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	(If YES, attach details)
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Applicant's Certification and Attestation

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

- 1. 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. The business entity grants permission to the Commissioner of Insurance to verify any information supplied with any federal, state or local government agency or current or former employer.
- 3. Every owner, partner, office, 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.
- 4. 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.
- 5. 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	Print Name
Title	