



**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 License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

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 Corporation, Partnership, or LLC as it will appear on the license. You may only conduct business in the name shown above.

2. Massachusetts Life Settlement Broker License # \_\_\_\_\_

3. Business Address: \_\_\_\_\_  
Street City State Zip

4. Business Telephone: \_(\_\_\_\_)\_\_\_\_\_

5. Business Email Address: \_\_\_\_\_

6. Identify all partners, members, officers, directors, managers, controlling persons and any shareholders owning 10% or more interest in the business entity (if necessary, attach additional sheet).

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

7. Identify a designated responsible licensed life settlement broker for this business entity (**required**):

NAME: \_\_\_\_\_

MASSACHUSETTS LIFE SETTLEMENT BROKER LICENSE NUMBER: \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

BUSINESS EMAIL ADDRESS \_\_\_\_\_

8. Identify all members, officers and employees you wish to authorize to act as licensees under the business entity license (if necessary, attach additional sheet):

FULL LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street City State Zip

FULL LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street City State Zip

FULL LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street City State Zip

9. 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, which has not been previously reported to this insurance department?

**“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                      (If YES, attach details)

