NEW YORK STATE INSURANCE DEPARTMENT

LIFE SETTLEMENT PROVIDER
LICENSE APPLICATION

General Instructions: Applications must be submitted IN DUPLICATE. An application, including all applicable attachments, should be sent to the attention of Eugene T. Murphy, Supervising Insurance Examiner – Life Bureau of the New York State Insurance Department at the address shown at the bottom of this page. The duplicate original application, including all applicable attachments, and a check in the amount of $10,000 made payable to "Superintendent of Insurance", should be sent to Office of General Counsel, New York State Insurance Department, One Commerce Plaza, Albany, NY 12257. Each such license shall expire on June 30 of odd-numbered years.

Attach addendum or separate sheet if space herein is insufficient to answer any question fully. IF ANSWER TO ANY QUESTION IS "NO," "NONE" OR "NOT APPLICABLE," SO STATE. Any addendum, separate sheet or supporting document that is attached to and/or enclosed with this application form shall be clearly labeled.

Check Type of Application: ☐ **ORIGINAL** ☐ **RESUBMISSION** ☐ **AMENDMENT**

1. Name of Applicant: _____

2. DBA (if applicable): _____

3. Any other names under which the applicant is operating or has operated in any jurisdiction, if different than the above. _____

4. Home Office Address: _____
(Street or PO Box)

_____
(City) (State) (Zip Code)

5. Mailing Address: _____
(Street or PO Box)

_____
(City) (State) (Zip Code)

6. Address for the actual operation and records repository of the applicant

_____

(Street or PO Box)

_____

(City) (State) (Zip Code)

7. Website URL (if any): _____

8. Name of the contact person to address any questions regarding this application. _____

Mailing Address: _____

E-mail Address: _____

Direct telephone number _____

9. Type of Business Organization:

☐ Corporation ☐ Partnership ☐ Limited Liability Company

☐ Other (Identify/Explain below)

_____

10. State of Domicile: _____

11. Date Incorporated: _____

12. FEIN Number: _____

13. List all states in which an application for a life/viatical settlement provider license is currently pending:

_____

_____

14. List all states in which the applicant is currently licensed or registered as a life/viatical settlement provider:

_____

_____

15. List all states in which a life/viatical settlement provider application has been refused, denied, revoked or suspended (provide an explanation of the regulatory action for each listed state):

_____

_____

16. Provide the information below for all stockholders (except stockholders owning fewer than ten percent of the voting shares of the applicant whose shares are publicly traded), partners, officers, members, directors, and persons with a controlling interest. (For the purposes of this list, "controlling interest" means a person who directly or indirectly, has the power to cause to be directed the management, control or activities of the applicant.)

Full Name	Title	Social Security Number Address	% Ownership

17. With regard to the applicant, and all stockholders (as excepted above), partners, officers, members, directors, and persons with a controlling interest who are conducting the business of the applicant:

A. Have any been found guilty of fraudulent or dishonest practices? ☐ Yes ☐ No

B. Have any been subject to a final administrative action or otherwise been shown to be untrustworthy or incompetent to act as a life or viatical settlement provider or broker? ☐ Yes ☐ No

C. Have any been found guilty of demonstrating a pattern of unreasonable payments to owners or insureds in life settlement transactions or viators in viatical settlement transactions? ☐ Yes ☐ No

D. Have any been convicted of a felony or any misdemeanor involving moral turpitude? ☐ Yes ☐ No

E. Have any been found guilty in unlawfully engaging in the business of life or viatical settlements in other states? ☐ Yes ☐ No

F. Have any been found guilty of failing to honor contractual obligations set out in a life or viatical settlement contract? ☐ Yes ☐ No

G. Have any, or has any business in which any are or were a stockholder (as excepted above), partner, officer, member, director, or person with a controlling interest, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ Yes ☐ No

If the response to any of the questions above is **Yes**, please provide details including dates, locations, disposition, etc. (attaching supporting documentation, as appropriate). If a Biographical Affidavit provided with application already addresses such a response, please identify the individual.

Attach the following documents, completed forms and items. (Referenced forms are posted on the Department's website.) Use the check box to indicate that the item is enclosed.

☐ A non-refundable fee of $10,000. Checks should be made payable to: "Superintendent of Insurance."

☐ Evidence of name approval from Office of General Counsel, Albany Office. An applicant must secure approval for its name in accordance with Section 1201 of the Insurance Law and Regulation No. 104 (11 NYCRR 87).

☐ Certified copy of Articles of Incorporation, with all amendments; if an LLC, submit Articles of Organization, with all amendments; if partnership, submit Partnership Agreement with all amendments.

☐ Certified copy of current By-Laws (Operating Agreement if LLC).

☐ Current Certificate of Good Standing from the Secretary of State of the state where the applicant is domiciled, where the applicant is a legal entity.

☐ A power of attorney that meets the requirements of Section 7803(e) of the New York Insurance Law designating the Superintendent as attorney for service of process. (Complete forms LSP-601, LSP-602 and LSP-603.)

☐ Biographical affidavits of all stockholders (except stockholders owning fewer than ten percent of the voting shares of a life settlement provider whose shares are publicly traded), partners, officers, members, directors, and persons with a controlling interest, including fingerprints filed in compliance with the Electronic Fingerprinting procedure. (Complete NAIC Biographical Affidavit – Form 11 for each individual.) The Electronic Fingerprinting Procedure is posted on the Insurance Department website.

☐ Untrustworthy Commitment. (Complete form LSP-UTC)

☐ Evidence of financial accountability as required by Section 7803(c)(2)(E) of the New York Insurance Law. Indicate the manner in which financial accountability will be evidenced:

- ☐ Assets in excess of liabilities in an amount at least equal to $250,000 as reflected in the applicant's financial statements.
- ☐ A surety bond in an amount at least equal to $250,000 placed in trust with the superintendent, issued by an insurer licensed in this State to write fidelity and surety insurance under Section 1113(a)(16) of the Insurance Law, which specifically authorizes recovery by the Superintendent on behalf of a person who sustained damages as the result of erroneous acts, failure to act, or conviction of fraud or unfair practices by the life settlement provider.
- ☐ Securities placed in trust with the superintendent consisting of securities of the types specified in Section 1402(b)(1) and (2) of the Insurance Law, estimated at an amount not exceeding their current market value, but with a total par value not less than $250,000.

☐ A copy of the applicant's most recent audited financial statement and any subsequent unaudited statements.

☐ A detailed plan of operation providing an overview of the applicant's business and including the following information:

- Full particulars on the manner in which the applicant proposes to operate in New York and the type of insurance contracts it intends to settle in New York;
- A statement of the types of business that the applicant currently transacts and the geographical locations where it engages in a particular type of business. The statement should indicate whether the life settlement business is or will be the applicant's primary or sole business;
- A list of all business licenses held by the applicant from any government entity, the type and term of such license, and the issuing governmental agency;
- A list of the applicant's key management personnel, including job title and a brief description of the job duties;
- Projected life settlement business to be done in New York for the applicant's business for the next three years;
- A detailed description of the applicant's marketing techniques, including how the applicant advertises and markets its business and how those individuals who will have direct contact with owners/insureds are trained;
- A description of the applicant's procedures for maintaining the confidentiality of the identity of insureds and owners and all non-public personal information solicited or obtained in connection with a proposed or executed life settlement, including financial and medical information of the owner and insured; and
- Any additional information the applicant deems pertinent to its business.

☐ Plan of Operation Commitment. (Complete form LSP-PlanofOpCom)

☐ Documentation of the applicant's experience demonstrating qualification for the license. (Complete forms LSP-Exp1, LSP-Exp2, and LSP-Exp3.)

☐ Applicant's most recent organizational chart.

☐ Escrow Agreement in compliance with Section 7813(h) of the New York Insurance Law. (Complete form LSP-Escrow.)

☐ Copies of all documents filed with State Securities Regulators and the SEC.

☐ Anti-fraud plan that meets the requirements of Article Four of the New York Insurance Law.

☐ Evidence of submission of life settlement contract forms, application forms and disclosure material. Specimen copies of life settlement contract forms, application forms and disclosure forms (including consumer information booklet) must be submitted in duplicate, in writing, to: Ms Kathleen Nelligan, Chief Insurance Attorney, New York State Insurance Department, Life Bureau, Suite 1910, One Commerce Plaza, Albany, New York 12257.

Certification and Attestation

Each of the undersigned must read the following very carefully:

♦ I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

♦ I further certify that I grant permission to the Superintendent of Insurance, or other appropriate party to verify information with any federal, state or local government agency, current or former employer.

♦ I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.

♦ I authorize the Superintendent to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and I release the Superintendent and any person acting on the Superintendent's behalf from any and all liability of whatever nature by reason of furnishing such information.

♦ I acknowledge that I understand and will comply with the insurance laws and regulations of the State of New York.

THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL PERSONS NAMED IN QUESTION 16.

_____
Name of Applicant

Signature	Name	Title	Date
Signature	Name	Title	Date
Signature	Name	Title	Date
Signature	Name	Title	Date
Signature	Name	Title	Date

* * CHILD SUPPORT NOTIFICATION * *

Persons four (4) months in arrea rs in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

* * PRIVACY NOTIFICATION * *

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is m andatory that you report your Social Security Number and/or Employer Identificati on Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose au thorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Insuran ce Department, One Commerce Plaz a, Albany, New York 12257. Telephone: (518) 474-6630.