



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Fraud, Licensee Investigations and Compliance Unit
P.O. Box 816 Hartford, CT 06142-0816

APPLICATION FOR LIFE SETTLEMENT PROVIDER LICENSE

General Instructions: Applications must be submitted along with a check in the amount of \$66.00 (\$26.00 filing fee and a license fee of \$40.00). Checks should be made payable to: "Treasurer, State of Connecticut." All applications should be sent to the attention of Peter Nakano, Insurance Associate Examiner of the Connecticut Insurance Department. Each such license shall expire on the last day of March of each year.

1. Name/Mailing Address of Applicant:		Physical Address of the Applicant:	
Name _____	_____	Physical Address _____	_____
_____	_____	_____	_____
Mailing Address _____	_____	_____	_____
_____	_____	City _____	_____
City _____	_____	State _____	Zip _____
State _____	Zip _____	_____	_____
Phone # _____	_____	FAX # _____	_____
e-mail address _____	_____	_____	_____
2. Applicant's Organizational Type (check one):			
<input type="checkbox"/> Individual		<input type="checkbox"/> Limited Liability Corporation	
<input type="checkbox"/> Corporation (Date of Incorporation: ___/___/___ State of Incorporation: _____)			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Other _____			
3. Contact Person for future correspondence from Insurance Dept.: _____			

Phone # _____		Fax # _____	
E-mail address: _____			

4. File a narrative detailed plan of operation of the applicant that addresses the following:

- What type of marketing techniques does the applicant intend to utilize? What geographic areas will be targeted?
- Who will produce business for the applicant and how will these persons be recruited, trained and compensated?
- Describe the advertising, brokerage and distribution system to be used by the applicant.
- Describe the sources and terms of applicants financial resources.
- What is the total projected Connecticut business over the next five years?
- Explain each arrangement the applicant has with a bank and trustee or escrow agent to receive and disperse funds. Attach each trust or escrow agreement.
- Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages of all affiliated companies up to and including the ultimate controlling person.
- Provide a detailed description of the procedures used by the applicant in handling sensitive medical information.

5. Provide a list of the states in which the applicant is doing business as a viatical and/or life settlement provider and indicate whether or not the applicant is licensed in that state.

6. Provide a list of all business licenses held or applied for by the applicant from any governmental entity, the term of such license, the type of license, and the issuing governmental entity.

7. Provide a copy of the Articles of Incorporation, Partnership Agreement, Trust Agreement or other such organizational document of the applicant certified by the proper domiciliary official.

8. Provide a copy of the by-laws of the applicant certified as true and correct by the Secretary of the State if a corporation, a partner, if a partnership, or other appropriate person.

9. Provide a current certificate of good standing from the applicant's state of domicile and, if such applicant is not domiciled in this state, a certificate of good standing from this state dated not more than fifteen days before or after the date of filing of the application.

10. File an antifraud plan that includes the following:

- A description of the procedures for detecting and investigating possible fraudulent insurance acts.
- A description of the procedures for reporting fraudulent insurance acts.
- A description of the plan for antifraud education and training of its underwriters and other personnel.
- A written description or chart outlining the arrangement of the antifraud personnel responsible for the investigation and reporting of possible fraudulent insurance acts and investigating unresolved material inconsistencies between medical records and insurance applications..

11. Any nonresident applicant must submit a written designation of an agent for service of process, or written irrevocable consent that any action against the applicant may be commenced against the applicant by service of process on the Commissioner.

12. Provide an annual statement on or before the first day of March of each year to include, for any life policy acquired under a life settlement contract within five years of the policy's original issuance, (1) the total number, aggregate face amount, and life settlement proceeds of policies settled during the immediately preceding calendar year and (2) a breakdown of the information by policy issue year, the names of the insurance companies whose policies have been settled, and the brokers involved. The information required is limited to those transaction where the insured is a Connecticut resident and must exclude individual transaction data that could be used to identify the owner or the insured.

13. Provide a list of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, directors, stockholders, partners (in the case of a partnership), key managers, employees and any other person who exercise control or influence over the affairs of the applicant. **This list must include the names of all persons acting as authorized agents for the Life Settlement Provider.** Give the name, social security number, resident address, position and percent of ownership and the answer to the following questions for each person listed. **If you answer yes to any one of the following questions please provide a detailed explanation.**

A provider that willfully fails to file an annual statement as required in this section or willfully fails to reply not later than thirty days to a written inquiry by the Commissioner in connection therewith, shall, in addition to other penalties provided by this part, be subject upon due notice and opportunity to be heard, to a penalty of up to two hundred and fifty dollars per day of delay, not to exceed twenty-five thousand dollars in the aggregate, for each such failure.

Has this individual been fined, reprimanded, or been the subject of a consent decree in any state by any agency that regulates the business of insurance, real estate, securities, or financial institutions?

Yes No

Has this individual held or applied for a license to solicit insurance, real estate, securities, or to act as a broker, that was refused, censured, suspended, denied, canceled, terminated, surrendered, revoked, or had other administrative action taken against said individual in any state?

Yes No

Has this individual been convicted or pled no contest to a misdemeanor or felony offense, or is this individual currently charged with a misdemeanor or felony, other than a misdemeanor related to the use of a motor vehicle?

Yes No

If yes, provide details specifically including dates, nature of the crime and rehabilitation of the individual. If this individual has ever been employed by an insurance company, or in the business of real estate, securities, or financial institutions, has his or her employment been terminated or non-renewed because of allegations of misconduct or wrongdoing? Yes No

Has the individual completed the attached biographical affidavit form? Yes No

Important Notice:

Life Settlement Forms Submission

Please note that under Section 38a-465c, Connecticut General Statutes, Life settlement contracts and disclosure statements must be filed with and approved by the Connecticut Insurance Department prior to use. This is a separate requirement in addition to being a licensed Life settlement provider in Connecticut. Refer to CGS 38a-465 and corresponding regulations for specific language and other requirements for VS/LS forms and submit them separately to:

*State of Connecticut Insurance Department
Life and Health Division
P.O. Box 816
Hartford, CT 06142-0816*

CERTIFICATION OF ACCURACY

I have read and knowingly made the foregoing statements and representations and certify that each statement and representation is true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation, suspension, refusal of renewal, or denial of application in addition to any other actions or penalties or both.

I certify on behalf of the Applicant, that the Applicant intends to act in good faith as a Life Settlement Provider and to comply with all applicable Connecticut laws and with all applicable rules and orders of the Connecticut Commissioner of Insurance.

Signature

Name (Printed)

Title

State of _____)

)ss:

County of _____)

Sworn before me this _____ day of _____, 20 _____

_____, Notary Public.

My Commission Expires: _____

BIOGRAPHICAL AFFIDAVIT

Full Name and Address of Applicant:

In connection with the above-named applicant, I herewith make representations and supply information about myself as hereinafter set forth. (Attach an addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE" SO STATE.

1. Affiant's Full Name (Initials not Acceptable):

2. a. Have you ever had your name changed? _____. If yes, give the reason for the change:

b. Other names used at any time: _____

3. Affiant's Social Security Number: _____

4. Date and Place of Birth: _____

5. Affiant's Business Address:

Affiant's Business Telephone: _____

Affiant's Business E-mail Address: _____

6. List your residences for the last ten (10) years starting with your current address:

DATE	ADDRESS	CITY & STATE
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7. Education: Dates, Names, Locations and Degrees:

College: _____

Graduate Studies: _____

Others: _____

8. List memberships in Professional Societies and Associations:

9. Present or Proposed Position with the Applicant: _____

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years:

11. Present employer may be contacted? Yes No (circle one)

Former employer may be contacted? Yes No (circle one)

12. Has the applicant, within the last 18 months, done any of the following?

a. Have you ever been in a position that required a fidelity bond? _____

If any claims were made on the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or have a bond canceled or revoked? _____

If yes, give details: _____

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority that you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination).

14. During the past ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? _____

If yes, give details: _____

15. List any companies in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power):

If any of the stock is pledged or hypothecated in any way, give details: _____

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant provider or its affiliates? _____

If any of the shares of stock are pledged or hypothecated in any way, give details: _____

17. Have you ever been adjudged a bankrupt? _____

18. a. Have you ever been convicted or had a sentence imposed or suspended or had a pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? _____

If yes, give details: _____

b. Has any company been so charged, allegedly as a result of any action or conduct on your part? _____

If yes, give details: _____

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any company that, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____

20. Has the certificate of good standing or license to do business of any company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____

If yes, give details: _____

21. Provide three references that attest to the competence, trustworthiness, and business reputation of the affiant.

Name _____ Phone Number _____
Address _____
Relationship _____

Name _____ Phone Number _____
Address _____
Relationship _____

Name _____ Phone Number _____
Address _____
Relationship _____

CERTIFICATION OF ACCURACY

Dated and signed this _____ day of _____, 20____ at _____.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before this _____ Day of _____, 20____

NOTARY PUBLIC

SEAL

My Commission Expires _____