

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Christopher R. Nicolopoulos
Commissioner



Douglas Bartlett
Director of Financial Reg

**RENEWAL APPLICATION for
CERTIFICATE of AUTHORITY**

LIFE SETTLEMENT PROVIDER
RSA 408-D

PROVIDER NAME: _____

TRADE NAME (if any): _____

DOMICILE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____ PHONE: _____

CONTACT ADDRESS: _____

FEES

Renewal License Fee {400-A:29 I (a)} \$100.00

All checks must be made payable to: **New Hampshire Insurance Department.**

Our review process will not begin until **ALL** fees are paid. New Hampshire law does not allow for the payment of fees after the issuance of the license.

SECTION 1 - MANAGEMENT

- 1) **BIOGRAPHICAL AFFIDAVITS AND OFFICIAL LIST OF ALL INDIVIDUALS - ONLY IF CHANGES WERE MADE SINCE THE LAST FILING.**

2.) **SERVICE OF PROCESS** - Only if changes were made since the last filing. If the life settlement provider is a foreign company, identification of a designated agent for service of process and an irrevocable consent that any action filed against the life settlement company can be commenced by service of process on the commissioner. [RSA 408-D:3, VII]. The NHID accepts the NAIC Service of Process Form.

SECTION 2 – FINANCIAL

Evidence of financial responsibility, as prescribed by the commissioner evidencing that the applicant has either:

- 1) Copy of the Surety Bond.
- 2) Submit Audited Financial Statements (CPA) for the most recent fiscal year-end that proves the Provider has a positive net worth.

2.) THE PHYSICAL ADDRESS WHERE THE BOOKS AND RECORDS MAINTAINED BY THE PROVIDER ARE LOCATED:

SECTION 3 - DOCUMENTARY

1.) **COPIES OF ALL BASIC ORGANIZATIONAL DOCUMENTS,** Only if changes have been made to the previous filing.

2.) **COPY OF THE BY-LAWS.** Only if changes have been made to the previous filing.

3.) **BUSINESS PLAN STATEMENT-** Only if changes have been made to the previous Business Plan.

4.) **LIFE SETTLEMENT CONTRACTS AND LIFE SETTLEMENT PROVIDER DISCLOSURE STATEMENTS:**

- Submit life settlement contract forms and/or disclosure statement forms to be approved by the commissioner. The forms need to be submitted in an editable pdf format. Once approved by the NHID the forms are considered public knowledge and will not be kept confidential. [RSA 408-D:5 I]
- The commissioner shall disapprove a life settlement contract form or disclosure statement form if, in the commissioner’s opinion, the life settlement contract or provisions contained therein fail to meet the requirements of RSA 408-D:9, RSA 408-D:11, RSA 408-D:14 and RSA 408-D:15, II, or are unreasonable, contrary to the interests of the public, or otherwise misleading or unfair to the viator. At the commissioner’s discretion, the commissioner may require the submission of advertising material. [RSA 408-D:5 II]

5.) **PRODUCER LICENSING**

A life settlement provider must appoint any life settlement producer that negotiates a life settlement transaction between an owner of a life insurance policy and a life settlement provider. The appointment must be made within 15 days of the execution of a life settlement contract. The life settlement provider must pay the fee for the appointment as set forth in RSA 400-A:29. The life settlement provider must also notify the commissioner within 15 days of any termination of the appointment of any life settlement provider. [RSA 408-D:3, V(a)-(d)]

While an appointment remains in force a life settlement provider is bound by the acts of the appointed life settlement producer. [RSA 408-D:3 I(b)(4)]

Name	License #	Employment Status

NOTARIZATION

STATE of _____

COUNTY of _____

BEFORE ME, the undersigned authority, personally appeared _____
who, being duly sworn, stated that all information contained in the attached application for licensure is, to the best of his knowledge,
true, complete and correct.

(Witness Signature)

(Authorized Representative - Signature)

(Printed Name)

(Printed Name)

Sworn to and subscribed before me this _____ day of _____ in the year _____.

(Notary Public Signature)

(Printed Name)