



State of New Hampshire Insurance Department
21 South Fruit St Suite 14, Concord NH 03301
 Tel. 603-271-0203
 www.nh.gov/insurance

per RSA:408D

NH LIFE SETTLEMENT PRODUCER License Application

Type of applicant : Individual Business Entity

The following must accompany the application.

1. Application must be accompanied by a non-refundable fee (check or money order) made payable to the "NH Insurance Dept" in the amount of \$210.
2. Verification of 15 hours of training or education related to life settlements and life settlement transactions.
 A resident or non-resident life insurance producer who has been duly licensed for one year is exempt from the initial 15 hrs of training.

Demographic Information

① Applicant Name		② DOB/Date of Formation	③ SSN/ FEIN	
④ Home State & Home State License Number & Line of authority held		⑤ If assigned, National Producer Number (NPN)		
⑥ List any name other than the legal name of the business name under which you are doing business.				
⑦ Business Address		⑧ City	⑨ State	⑩ Zip or Foreign Country
⑪ Phone Number (include extension) () - - -	⑫ Fax Number () - - -	⑬ Business Web Site Address		⑭ Business E-Mail Address
⑮ Mailing Address		⑯ P.O. Box	⑰ City	⑱ State ⑲ Zip or Foreign Country

(20) IF a **BUSINESS ENTITY**, Identify all owners partners, officers, members and directors of the applicant: *last four of ssn or National Producer Number

Name _____	Title _____	SSN/NPN* _____
Resident Address _____		% of Ownership _____
Name _____	Title _____	SSN/NPN* _____
Resident Address _____		% of Ownership _____
Name _____	Title _____	SSN/NPN* _____
Resident Address _____		% of Ownership _____

Designated Responsible Licensed Producer

⑳ IF a **BUSINESS ENTITY**: Identify at least one Designated/Responsible Licensed Producer:

Name _____	NH License # _____	SSN _____ - _____ - _____
Name _____	NH License # _____	SSN _____ - _____ - _____
Name _____	NH License # _____	SSN _____ - _____ - _____
Name _____	NH License # _____	SSN _____ - _____ - _____

List the Life Settlements Providers with whom you will be transacting business:

(22)

Life Settlement Providers _____
Life Settlement Providers _____
Life Settlement Providers _____

Service of Process Information

(23)NON RESIDENTS ONLY :

1. Give the full name and address of the Agent of Service of Process appointed by the applicant.

2. Give the full name, address and telephone number of the person , on behalf of the applicant , who shall be responsible for handling or responding to regulatory complaints, application forms, or questions regarding its activities in the state.

Background Information

(24)

1. Since the last renewal of your life producer license in this state, has the individual or the business entity or any owner, partner, officer or director of the business entity, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

N/A ___ Yes ___ No ___

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033

N/A ___ Yes ___ No ___

If yes, was that waiver granted? (Attach copy of 1033 waiver approved by home state.

2. Since the last renewal or initial Life Producer application in this state, has the individual or the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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 and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Since the last renewal of your life producer license in this state or if you have not yet renewed, since the time of the application, has any demand been made or judgement rendered against the individual or the business entity or any partner, officer or director for overdue monies, by an insurer, insured or producer? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and the arrangement for repayment.

4. Since the last renewal of your life producer license in this state or if you have not yet renewed since the time of application is the individual subject to a child support related subpoena or warrant?

Yes ___ No ___

5. Since the last renewal of your life producer license in this state, or if you have not yet renewed, since the time of the application, has the individual or the business entity or any owner, partner, officer or director a party to, or been found liable in a lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes ___ No ___

If you answer yes, you must attach to this application:

- d) a written statement identifying the type of license and explaining the circumstances of each incident,
- e) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- f) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Applicant's Certification and Attestation

25 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this registration 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 or limited liability company to civil or criminal penalties.
2. Where required by law, the business entity or limited liability company hereby designates the Commissioner, Director or an appropriate representative in the jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in the jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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.
5. I authorize the jurisdiction to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of NH and will operate in accordance with the provisions of the Life Settlement Act,

**Must be signed by the individual applicant or
For the business entity, an officer, director, or partner of the business
entity, or member or manager if a limited liability company:**

Month/Day/Year

Signature

Typed or Printed Name

Title

Address

City

State

Zip