



# The State of New Hampshire Insurance Department

21 South Fruit St  
Concord NH 03301  
(603) 271-2261 Fax (603)271-7029  
TDD Access: Relay NH 1-800-735-2964

Roger A. Sevigny  
Commissioner

Alexander K. Feldvebel  
Deputy Commissioner

## LIFE SETTLEMENT PRODUCER APPOINTMENTS COMBINATION FORM

Life Settlement Provider Name \_\_\_\_\_

NH Registration # \_\_\_\_\_

Date \_\_\_\_\_

Number of Appointments(Max of 10)

Fee Enclosed (Number of Appointments x  
\$25) \$

Name of Person (Responsible for this  
Submission) \_\_\_\_\_

e-mail address \_\_\_\_\_

telephone \_\_\_\_\_

Mailing Address (Street Address) \_\_\_\_\_

Mailing Address (City, State, Zip) \_\_\_\_\_

Ind or Business Entity Indicator (I/B)	ID NUMBER (SSN or FEIN)	Appointee's NAME	Add or Terminate Indicator (A/T)	For Dept Use Only (Accept/ Reject)

FOR DEPARTMENT USE ONLY	
Date	
Check Number	
Amount	
Initials	

Per RSA 408-D:Vb must appoint within 15 days from the date of the contract.