



**The State of New Hampshire
Insurance Department**

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Concord NH 03301
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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.