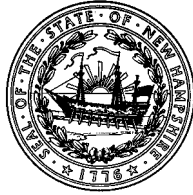


THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Roger A. Sevigny
Commissioner



Thomas S. Burke
Director of Examinations

**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

Non Refundable Application {400-A:29 I (a)} \$1,000.00
(Effective July 1, 2010)

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** responsible for the conduct of affairs of the provider. The NHID accepts the NAIC biographical affidavit. The list should give the name, position occupied, address and the professional qualifications of each of these individuals. It should also be sworn to as a true and complete list by the secretary of the provider. The list shall include:

- Stockholders
- Partners
- Officers
- Members
- Employees

These above individuals must be competent, trustworthy and must intend to act in good faith and be qualified in the life settlement business. [RSA 408-D:3, IV; RSA 408-D:3, VI(a)(2) and RSA 408-D, VI(a)(3)]

A life settlement company must notify the Department of any new or revised information within thirty days of any change in the officers of the company, or within 30 days of any change in more than 10% of stockholders, partners, directors or designated employees. [RSA 408-D:3, VII]

2.) **SERVICE OF PROCESS** 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:

- A surety bond in the amount of \$250,000 executed and issued by an insurer authorized to issue surety bonds in this state. The bond shall be in the favor of this state and shall specifically authorize recovery by the commissioner on behalf of any person in this state who sustained damages as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices by the life settlement provider. A bond filed in another state can satisfy this requirement if the bond meets the above standards – that is, is in the amount of \$250,000 and that specifically authorizes recovery by the commissioner on behalf of consumers as described above. [RSA 408-D:3, VI(a)(4) and (b)(4)&(5)];

OR

- A deposit of cash, certificates of deposit or securities or any combination thereof in the amount of \$250,000. A deposit of cash ...etc. filed in another state can satisfy this requirement. [RSA 408-D:3, VI(a)(4) and (b)(5)]

Submit Audited Financial Statements (CPA) for the most recent fiscal year-end that proves that the Provider has a positive net worth. If audited financial statements are not available, the application shall include financial statements or reports, certified by an officer of the Provider and prepared in accordance with GAAP, for the completed fiscal year-end, and for any month during the current fiscal year for which such financial statements or reports have been completed.

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**, including Articles of Incorporation, Articles of Association, partnership agreements, trade name certificate, trust agreement, and shareholder agreement. These items should be certified by the proper domiciliary state official. Recent Certificate of Good Standing from the NH Secretary of State's office and the domicile's Secretary of State's office.

2.) **COPY OF THE BY-LAWS** of the applicant certified as a true and correct copy of the secretary of the company.

3.) **BUSINESS PLAN STATEMENT**. Attach a separate sheet outlining the Provider's detailed plan of operation, including staffing levels proposed for New Hampshire and nationwide.

4.) **DOCUMENTATION DEMONSTRATING THAT THE LIFE SETTLEMENT PROVIDER IS:**

- Competent;
- Trustworthy; and
- Intends to act in good faith [RSA 408-D:3, VI(a)(2)]
- Has a good business reputation [RSA 408-D, VI(a)(3)]
- Has sufficient experience, training, or education so as to be qualified in the life settlement business. [RSA 408-D, VI(a)(3)]

5.) **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 must be submitted using SERFF (<http://www.serff.com>). 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]

6.) 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)