



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

## Purchasing Alliances RSA 420-L Application for Certificate of Authority

Legal Name: \_\_\_\_\_

Trade Name (if any): \_\_\_\_\_

Domicile: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Fees

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

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**

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 Purchasing Alliance 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.

## **Section 2 – Financial**

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

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.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **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:
  - a. Competent;
  - b. Trustworthy; and
  - c. Intends to act in good faith [RSA 408-D:3, VI(a)(2)]
  - d. Has a good business reputation [RSA 408-D, VI(a)(3)]
  - e. 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:
  - a. 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]
  - b. 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. 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

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**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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_