



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation - Insurance Division
1511 Pontiac Avenue, Bldg. 69-2
Cranston, RI 02920
Telephone No. (401) 462-9520
http://www.dbr.ri.gov/divisions/insurance/

Life Settlement Provider
State of Rhode Island
Application for Certificate of Authority

Name of Provider: _____

Tax Identification Number: _____

State of Domicile: _____

Principal Office Address: _____
Street City State Postal Code

Address (if any) in Rhode Island: _____
Street City State Postal Code

E-Mail Address: _____ Phone: _____ Fax: _____

- 1) Attach the following documents relating to the provider:
a) A copy of the most recent audited financial statement...
b) Copies of articles of incorporation and by-laws...
c) A listing of officer and directors, NAIC Biographical Affidavits...
d) Applicant's plan of operation, including information on staffing levels...
e) An anti fraud plan meeting the requirements of R.I. Gen. Laws § 27-72-3(j)(5).
f) Designation of an agent for service of process as required by R.I. Gen. Laws § 27-72-3(k).
g) Application fee of \$1,000 payable to State of Rhode Island, General Treasurer

2) Has applicant or any person listed in answer to item 3, below, ever been refused or had revoked a Certificate of Authority, any other insurance license or any other professional license in this or any other state prior to the date of this application? Yes No



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3) The applicant agrees

- to make available to the Department for the purposes of examination books and records maintained by the provider;
• to notify the Department of any material change in its ownership, control or other fact or circumstance affecting its qualification for a Certificate of Authority in this state within thirty (30) days of the change.
• to comply with all requirements of R.I. Gen. Laws § 27-72-1 et seq.

4) All forms that the Provider intends to use in Rhode Island must be submitted to the Department for approval via SERFF. Prior to submitting filings in SERFF, the filer must contact Paula Pallozzi at paula.pallozzi@dbr.ri.gov to advise that the filer is ready to submit its filing(s) in SERFF. In light of the CoCode validation requirement for SERFF submissions, the Department must advise SERFF to deactivate this field prior to submission to allow the Life Settlement Provider to submit its filing in SERFF, otherwise filer will get an error message. With respect to payment of filing fees, Life Settlement Providers must also arrange EFT submissions for payments. Filers should contact SERFFhelpdesk to set up EFT transactions.

This application must be signed by an individual applicant, the President and Secretary of a Corporation, two Partners of a partnership, or two official representatives of any other type of organization who have legal authority to bind the organization.

I (We) hereby apply for a Certificate of Authority to act as a Life Settlement Provider under the laws of the State of Rhode Island, as provided in R.I. Gen. Laws §§ 27-72-1 et seq. I (We) hereby certify under penalty of perjury that I (we) have read this application, including attached documents, know the contents thereof and that each statement herein is full, true and correct.

Signature

Printed Name

Title

Dated

State of

County of

_____ appeared before me, personally appeared and known by me to be the party executing the foregoing instrument, subscribed and sworn said instrument.

Notary

Mail or express completed application, including attachments, to:

Life Settlement Provider Applications
Insurance Division
1511 Pontiac Avenue, Bldg. 69-2
Cranston, RI 02920