



89 Main Street, Montpelier, VT 05620 - 3101  
(p) 802-828-2470 | <http://www.dfr.CompLic@vermont.gov/>

## VERMONT APPLICATION FOR A LICENSE AND BIENNIAL RENEWAL AS A LIFE SETTLEMENT PROVIDER

### Return this form to:

Vermont Department of Financial Regulation  
ATTN: Company Licensing, Insurance Division  
89 Main Street  
Montpelier, VT 05620-3101  
Or Email: DFR.CompLic@Vermont.gov

**Application is hereby made for a license or biennial license renewal as a Life Settlement Provider under Title 8, Chapter 103, Subchapter 5B, Life Settlements, §3836 (a), Vermont Statutes Annotated.**

### PART A: COMPANY AND PRINCIPALS; IDENTIFICATION:

1. Name and FEIN # of applicant:

(Complete name under which business is to be conducted)

*Note: Applicants doing business in Vermont under any name other than their own are required to make certain filings in accordance with Title 11, Chapter 15, Vermont Statutes Annotated. Attach documentary evidence indicating compliance with these requirements, including the name and address of the process agent.*

2. The business premises of the applicant are located at:

Street Address

City/State/Zip Code

3. Principal place of business (incorporation, et cetera) of the applicant (if other than 2. above):

4. Trade Names. Provide a list of any trade names (DBA's, etc.) to be used by the applicant in Vermont:

5. Type of organization:

(Sole proprietorship, partnership, corporation, et cetera)

6. If incorporated, specify state and date of incorporation:

(State, Date)

7. Specify the date of qualification to do business in Vermont:

(Date)

Attach evidence indicating compliance with the statutes of Vermont relating to corporations, if applicable.

8. Have you designated an agent for service of process with the Vermont Secretary of State?  
Include as an attachment to this application.

Yes No

9. Identifying information regarding the owner or general partners and each officer or employee who will act as a life settlement provider:

*Note: If the life settlement provider is a corporation, association, etc., provide this information for all directors, trustees and principal officers, as well as for each executive employee who will administer the applicant's processes.*

Full Legal Name	Position/Title	Principal Resident Address	Active Occupation (if any)

(Attach additional sheets as necessary).

10. Identification of Owners; Corporate Owners, Members, Partners, etc.:

- a) If the applicant is a corporation, identify parent, affiliate, and subsidiary corporations, if any, and a clear description of the relationship of each to the applicant, including percentage of stock owned by applicant and each related corporation. Attach an organization chart showing the relationships between the parent, affiliate(s) and/or each subsidiary corporation.

Corporation	Relationship to Applicant

(Attach additional sheets as necessary).

- b) If the applicant is an association, identify all the members:

Member	Address

(Attach additional sheets as necessary).

- c) If the applicant is a partnership, identify all general partners:

Partner	Address

(Attach additional sheets as necessary).

11. Identity and Background of Primary Managers/Officers:

- a) Name, title and residential address of the primary managers/officers responsible for the business of the applicant:

Full Legal Name	Position/Title	Address

b) Employment history of the managers/officers responsible for the business processes during the last ten (10) years:

From-To	Name of Employer	Employer's Address	Position

(Attach additional sheets as necessary).

12. List the state in which applicant is or at any time was, engaged in the business of a life settlement provider:

State	Dates (from-to)

13. List all business licenses held or applied for any government entity:

Type of License	Issuing Authority	Date of Issue or Denial

14. Has any license or application of this applicant, or any owner, director, officer, partner, manager or employee of the applicant, been suspended or revoked in any state?

Yes  No

If yes, include information and documentation as an attachment. Information must include name of owner, director, officer, partner or employee, as appropriate; type of license involved; date of action and state involved.

15. Are there any formal or informal regulatory actions which have been taken or are pending against the applicant by any jurisdiction?

Yes No

If yes, include information and documentation as an attachment.

16. Has the applicant had an owner other than the one identified in Questions 6 and 9?

Yes No

If yes, provide a history of the applicant's ownership to include seller, purchaser and transaction date.

Seller	Purchaser	Date

17. Provide a copy of the applicant's annual financial and operating report(s) to members, partners or shareholders for the most recently ended calendar year, including a SEC Form 10K if applicable, for the applicant, its parents and any subsidiary or affiliate.

*Note: Annual statement filings are required for licensed applicants for the year end in which the applicant is licensed and subsequent years according to 8 V.S.A. §3839.*

**PART B: OPERATING PLANS AND SYSTEM(S) (as required by 8 V.S.A. §3836(a)(5)(A))**

18. List the financial institutions with which the applicant has escrow or trust agreements, indicating the balance on each account. Identify any institution with which you have an affiliation, other than a depositor. Attach copies of all escrow and trust agreements:

Financial Institution	Address	Account Balance

19. Attach a Plan of Operations with appropriate attachments for the applicant's activities in Vermont that includes:
- a) Description of the advertising, brokerage, or distribution system(s) to be used to initiate and complete the offering of life settlement contracts in Vermont.
  - b) Description of the Company's marketing techniques.
  - c) Description of the Company's training programs for those individuals who will have direct contact with policy owners.
  - d) For each of the next five years, an estimate of the number and value of contracts to be transacted with Vermont residents.
20. Identify the servicing facilities to be used by Vermont brokers and policy owners, including their addresses and phone numbers:

Type of Service Provided	Address	Telephone Number

**PART C: EVIDENCE OF FINANCIAL RESPONSIBILITY AND ANTI-FRAUD PLAN**

21. Enclose with this application evidence of a Bond or Letter of Credit in favor of the State of Vermont Commissioner of Financial Regulation in an amount that meets the minimum as prescribed in Title 8, Chapter 103 §3836(a)(5)(D). The Vermont Insurance Bond form can be found at:

<https://dfr.vermont.gov/document/vermont-insurance-bond-form>

22. Enclose with this application an anti-fraud plan that meets the requirements of Title 8, Chapter 103 Sec. 3847.
23. Applicant's life settlement contracts and payment attributable to Vermont policy owners (if a renewal application):

Year Ending

Number of Contracts

Payments

**PART D: FEES AND SIGNATURES**

Enclose with this application, a check for \$450 for initial application (\$50 application fee and a license fee of \$400) or \$400 for renewal application, made payable to the Vermont Department of Financial Regulation.

Provide the name, telephone number and email address of the individual to be contacted regarding this application:

Name

Telephone Number

Email Address

**I am a natural person authorized to sign on behalf of the applicant. I have personal knowledge of the information in this application and/or have exercised due diligence to confirm the accuracy of the information in this application. I certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this submittal are true, accurate, and complete.**

Name

Date

Signature