

# APPLICATION FOR LICENSURE AS A LIFE SETTLEMENT PROVIDER

To apply for a life settlement provider license in the state of Washington, please provide the information and documentation in the order requested on the application. This Office will examine the application promptly for completeness and compliance as prescribed by Washington requirements.

#### **Prior to Submission:**

Chapters 48.102 RCW and 284-97 WAC regulate Life Settlement Providers. It is the applicant's, responsibility to understand these statutes.

The \$250 application fee is non-refundable.

The application <u>must</u> include the commissioner's prescribed <u>service of process designation form</u>, available through our website.

Applications must be complete upon submission. If your application is missing information or documentation, we will allow a one-time extension of 15 business days to submit the required materials. If you are unable to correct the deficiencies within this period, we will deem the application materially incomplete and you will need to reapply when you are able to provide all required materials. Reapplications require a new application and application fee. Additionally, the application review process will re-start from the beginning.

All information contained within your submission is a matter of public record, except for the anti-fraud plan, which is privileged and confidential per RCW 48.102.140(7)(b). Marking any material as "private" or "confidential" does not preclude its availability or its status as a public document. See our <u>website</u> for more information about public records.

#### **Application Submission**

The current edition of the prescribed application form is required to ensure conformance with changes to laws and administrative rules. We will not accept outdated forms.

Download and save the application form. Complete the application document with the necessary information, then save and print. After signature by an authorized officer, scan the application form, all required documentation, and any cover letter into a <u>single</u> Adobe® pdf document for electronic submission via email.

- Address the email to: <u>CLC@oic.wa.gov</u>.
- The subject line must state: "LSP Application of <your company's legal name>".
- Attach the pdf and send.

### \$250.00 Fee Payment

Concurrent with submission of the application email, remit payment to:

Mailing address: Delivery (Street) Address:

Attn: Company Supervision Division

Office of the Insurance Commissioner

Attn: Company Supervision Division

Office of the Insurance Commissioner

P.O. Box 40255 5000 Capitol Blvd SE Olympia, WA 98504-0255 Tumwater, WA 98501

Note: USPS will <u>only</u> accept the PO Box mailing address, and does not allow other shippers to use that address. All non-USPS shippers must use the Street Address. Use of an incorrect address may result in a returned application.

## **Important!**

To solicit, negotiate, or enter into a life settlement contract in the state of Washington a life settlement provider must hold a license issued by this Office. Responsibility to understand Chapter 48.102 RCW, Chapter 284-97 WAC, and other applicable statutes, is that of the applicant. Penalties for non-compliance can be severe.

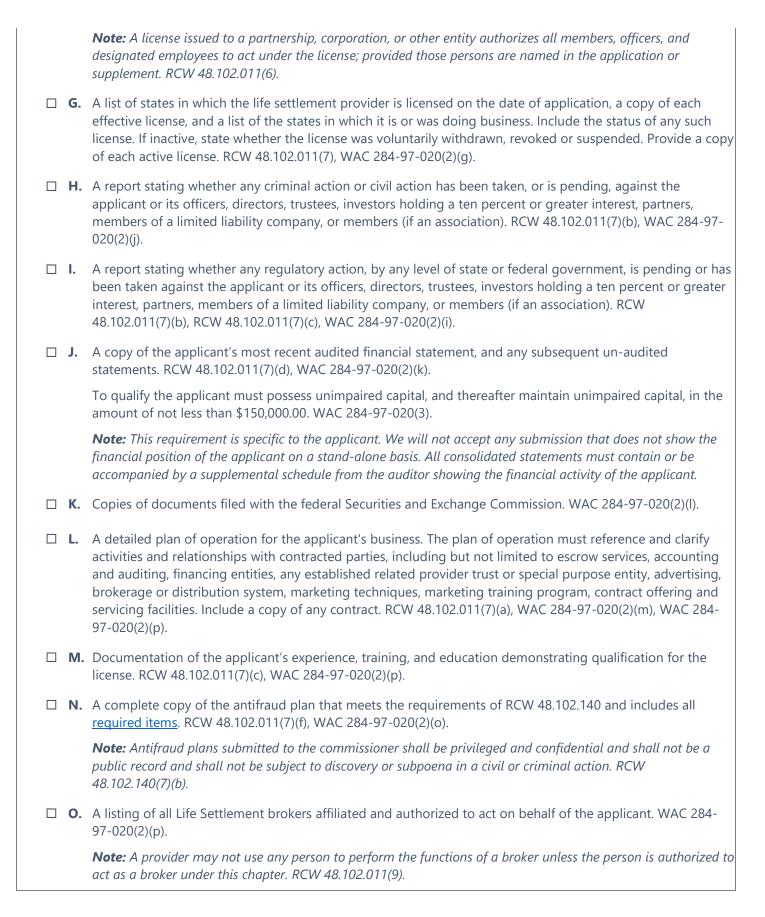
### **Once registered**

Following licensure, WAC 284-97-040 requires life settlement providers to file for approval, prior to use in this state, all contracts and disclosure forms through the National Association of Insurance Commissioner's (NAIC) online System for Rates and Forms Filling (SERFF) at <a href="https://www.serff.com">www.serff.com</a>. Additionally, life settlement providers are required to file an annual report on or before March 1 for the preceding calendar year and renew their license every year on July 1 and submit a \$250 renewal fee.

### **Questions?**

For all questions or requests for additional information, please contact a <u>Company Licensing Specialist</u> (select "Company applications" in the dropdown), or phone: 360-725-7219.

	BUSINESS NAME								
1.	Lega	al Na	ame:						
2.	DBA or Alternate								
	Name(s):								
	(If none, so state)								
				BUSINESS AND MAILING INFORMATION					
			e Address:						
4.	Physical Address:								
5.	Mail	ing	Address:						
6.	Web	site	URL:	7. Federal Tax Identification Number (FEIN):					
8. Contact			t Person:						
	(Name, Phone, Email address required)								
			(J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	REQUIRED DOCUMENTATION					
				items in the order presented below. Use the check box to indicate enclosure of the					
	info	rma	ation.						
		A.	_	on Documents (such as Articles of Incorporation, LLC Certificate). Include all amendments. RCW					
				(e), WAC 284-97-020(2)(b).					
		B.	Internal Gover WAC 284-97-	rnance Documents (such as current By-Laws, Operating Agreement). RCW 48.102.011(7)(e), 020(2)(b).					
		C.	A current Cert 284-97-020(2)	tificate of Good Standing from the domiciliary Secretary of State. RCW 48.102.011(7)(e), WAC (p).					
		D.		tificate of Registration with either or both the Washington Secretary of State and Washington of Financial Institutions. RCW 48.102.011(7)(e), WAC 284-97-020(2)(h), WAC 284-97-020(2)(p).					
		E.	•	not organized in Washington, a completed Service of Process designation. Please use the r's prescribed form. RCW 48.102.011(8), WAC 284-97-020(2)(n).					
		<b>F.</b> A current listing of the name, address, telephone number, and occupation for each stockholder, partner officer, or designated employee of the Applicant. For each individual listed, attach a completed Biograph Affidavit. Use the prescribed Form 11 available through the <a href="NAIC Website">NAIC Website</a> . RCW 48.102.011(5), RCW 48.102.011(7)(b), WAC 284-97-020(2)(c), WAC 284-97-020(2)(d), WAC 284-97-020(2)(e).							
			third-party ve holding a ten an association Commissione Non-domestic	e with WAC 284-97-020(2)(f), Washington domestic life settlement providers, <u>must</u> provide rification reports from an acceptable vendor for all its officers, directors, trustees, investors percent or greater interest, partners, members of a limited liability company, and members (if n). A vendor is acceptable if registered with the National Association of Insurance rs' Uniform Certificate of Authority Application (NAIC UCAA) registry. WAC 284-97-020(2)(f). It is settlement providers may be required to submit third-party verification reports depending requirements in their domicile state.					



	GENERAL QUESTIONS		
	ase answer "Yes" or "No" to each of the following questions. False or misleading answers may result in plication, loss of licensure, and/or other action or penalty.	denial of	
10.	Has any person employed, associated with, or transacting business on behalf of this Life Settlement Provider ever:  a. Been arrested, indicted and convicted of a felony or is a felony charge currently pending against any	□ Yes □ No	
	<ul><li>such person?</li><li>b. Been denied any application for a professional, vocational or business license?</li><li>c. Had any such license suspended or revoked?</li><li>d. Withdrew or surrendered any such application or license to avoid potential disciplinary action against licensee?</li></ul>		
	e. Been the subject of regulatory proceedings conducted by any state or federal regulatory agency? If the answer to any part of this question is "Yes", attach a supplementary statement explaining in full each occurrence.		
11.	Has the applicant solicited, negotiated, or entered into a life settlement contract in the state of Washington prior to application?	☐ Yes ☐ No	
	If answering "Yes" in your documentation, the following minimal information is required:  a. The number of all life settlement transactions;  b. The amounts of each life settlement  c. The date on which all unauthorized activity began;  d. A copy of each unauthorized life settlement contract.		
	STATEMENTS OF UNDERSTANDING		
	ase acknowledge your agreement by answering "Yes" or "No" to each of the following questions. False ( tements may result in denial of application, loss of registration, and/or other action or penalty.	or misleading	
12.	The applicant is familiar with and will abide by, all provisions of Chapters 48.102 RCW and 284-97 WAC.	□ Yes □ No	
13.	The applicant has and will maintain a minimum of \$150,000 in unimpaired capital. RCW 48.102.011(7)(d), WAC 284-97-020(3).	□ Yes □ No	
14.	The applicant understands the filing fee of \$250 is non-refundable.	□ Yes □ No	
15.	The applicant agrees to subject itself and its affiliates to periodic examination as deemed necessary by the Commissioner. Additionally, the applicant or license holder is responsible for payment of expenses incurred. RCW 48.102.061.	□ Yes □ No	
16.	The applicant agrees to obtain advance approval of any contract form and disclosure notices offered or issued to any resident of the State of Washington. RCW 48.102.041, WAC 284-97-040.	☐ Yes ☐ No	
17.	Pursuant to RCW 48.102.046 and WAC 284-97-025, the applicant agrees to submit an annual report by March 1 and an annual fee of \$250.00, due payable on or before July 1. Failure to pay the fee when due will result in a late fee surcharge. In addition, RCW 48.102.011(4) prohibits the provider from transacting life settlement business during any lapse.	☐ Yes ☐ No	
18.	The applicant understands Chapter 19.86 RCW -Washington's Consumer Protection Act, regulates business activity covered under Chapter 48.102 RCW. RCW 48.102.180.	□ Yes □ No	

$\boldsymbol{c}$	ы	7 T I	ы	CA'	П	$\cap$	٨
	Е.		ш	LA		_	N

ate of Washington that I am duly authorized to make this statements and information regarding the applicant and the
20By Name of person making statement
orizes the Commissioner to deny, suspend, or revoke licensure if 02, has violated RCW 48.01.030, RCW 48.30, RCW 19.86, and le insurance commissioner to have committed any fraudulent life