

Applicant Name: _____ FEIN No: _____

Utah Life Settlements Initial Application Checklist

This application checklist is intended to help in assembling all necessary information to be filed with the Life Settlement Provider Initial Application. Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting your application package for review. The completed checklist should be attached to the top of the application package. Boxes to the right of each item are to assist the regulator in their review.

- | | Regulator Use Only |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Application Form (pursuant to Rule R590-222-5(1)(c)(i)) | <input type="checkbox"/> |
| <input type="checkbox"/> Complete the Utah Life Settlement Provider Initial Application. | |
| <input type="checkbox"/> Use application provided on the department's website | |
| 2. Filing Fee (see applicable fees on application form) | <input type="checkbox"/> |
| <input type="checkbox"/> Check made payable to UID. | |
| <input type="checkbox"/> Include payment with application packet. | |
| 3. Articles of Incorporation | <input type="checkbox"/> |
| <input type="checkbox"/> Provide current Articles of Incorporation (if corporation) or other documents establishing the organization (i.e. Partnership Agreement etc.). | |
| 4. Bylaws | <input type="checkbox"/> |
| <input type="checkbox"/> Provide copy of most recent Bylaws (if corporation). | |
| 5. Evidence of Financial Responsibility | <input type="checkbox"/> |
| <input type="checkbox"/> Provide evidence of financial responsibility in the amount of \$250,000 | |
| <input type="checkbox"/> Evidence must be in accordance with R590-222-5(1)(c)(v) | |
| 6. Plan of Operation (pursuant to 31A-23a-117(2)(a)) | <input type="checkbox"/> |
| <input type="checkbox"/> Provide 5-year proforma with underlying assumptions | |
| <input type="checkbox"/> Provide a descriptive narrative regarding items indicated on the application | |
| 7. Antifraud Plan | <input type="checkbox"/> |
| <input type="checkbox"/> Obtain Content Checklist and Certification for the Antifraud Plan from the department's website. | |
| <input type="checkbox"/> Provide an Antifraud Plan that is in accordance with the Content Checklist and Certification and include both the plan and the certification in the application packet. | |
| 8. Certificate of Compliance | <input type="checkbox"/> |
| <input type="checkbox"/> Provide an original Certificate of Compliance from the state of domicile insurance department or another state insurance department (where the applicant is currently licensed) if the applicant is not regulated by the insurance department of the state of domicile. Use the NAIC form located at http://www.naic.org/documents/industry_ucaa_form06.doc | |

9. **Uniform Consent to Service of Process**

Attach an original, executed Service of Process form. Use the NAIC form located at http://www.naic.org/documents/industry_ucaa_form12.doc

10. **NAIC Biographical Affidavit**

Provide completed NAIC Biographical Affidavit for each officer, director, and controlling person as listed on the application.

Use the NAIC form as contained at http://www.naic.org/documents/industry_ucaa_form11.doc

UTAH LIFE SETTLEMENT PROVIDER
INITIAL APPLICATION

State Office Building, Room 3110
Salt Lake City, UT 84114
(801) 538-3800

Provider Number:

Date: _____

Applicant Name: _____

Street Address: _____

Mailing Address: _____

City, State Zip: _____

Telephone Number: _____ Toll Free Number _____

Email Address: _____ Website Address _____

Fax Number: _____

FEIN #: _____

Name of Contact Person for Regulatory Matters: _____

FEES (must accompany this application): \$1,050 (\$1,000 Initial Application Fee
+ \$50 Annual E-Commerce Fee)

Form of Organization:

- Proprietorship
- Partnership
- Corporation (State & Date of Incorporation: _____)
- Other (Describe: _____)

Is provider registered with the Utah Corporations Division? Yes No

State of domicile: _____

List all officers, directors & controlling persons¹ of provider (See Rule [R590-222-5\(1\)\(c\)\(iv\)](#)). (Please attach additional sheet if necessary)

For each officer, director, and controlling person listed above, attach a completed biographical affidavit. Use the NAIC prescribed template located at http://www.naic.org/documents/industry_ucaa_form11.doc. The biographical affidavits should sufficiently describe each individual's life settlement experience, training, and education in accordance with U.C.A. [§31A-23a-117\(3\)](#).

Please provide in narrative form (as part of the proposed Plan of Operations referenced on the checklist.) the following information:

1. What market does the applicant intend to target?
2. Who will produce business for applicant and how will these people be recruited, trained, and compensated?
3. Describe the organizational structure of applicant.
4. Describe the procedures used by applicant to insure that life settlement proceeds will be sent to the owner within 3 business days as required by U.C.A. [§31A-36-110\(3\)](#).
5. Provide a detailed description of procedures used by applicant to ensure that the identity, financial information, and medical information of an insured is kept confidential as required by U.C.A. [§31A-36-106](#).

Please provide the following contact information:

Statutory Home Office Address

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Mailing Address

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

¹ A controlling person is any person who is a partner (other than a limited partner), officer, director, or anyone having an ownership interest of 10% or more of the Provider, whether that person is an individual or other entity.

Company Renewal Contact

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Local Utah Representative

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Complaints Contact

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Registered Agent-service of process in Utah

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

All applicable items indicated on the application checklist must be submitted in connection with this application.

All life settlements forms must be filed in accordance with Rule [R590-222-14](#). U.C.A. § [31A-36-105](#) requires filing of a life settlement form before using the form in the State of Utah.

I certify that I have read and am familiar with the requirements of [Title 31A, Chapter 36](#) of the Utah Insurance Code and that the provider meets all requirements to qualify as a provider of life settlements in the State of Utah. I further certify that, after due inquiry, the information provided in this application is true, correct, and complete to the best of my knowledge and belief.

Date: _____ Authorized Signature: _____

Printed Name & Position: _____
