

UTAH LIFE SETTLEMENT PROVIDER
RENEWAL APPLICATION

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

Date: _____

Provider Number: _____

Provider Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Toll Free Number: _____

Email Address: _____

Website Address _____

Fax Number: _____

FEIN #: _____

Name of Contact Person for Regulatory Matters: _____

Update the contact information for the following. If no changes, so state.

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 _____

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 _____

List any changes to officers, directors & controlling persons from prior application and attach a completed biographical affidavit for each. Use the NAIC biographical form at http://www.naic.org/documents/industry_ucaa_form11.doc

(Attach additional sheet if necessary)

Submit a copy of proof of financial responsibility in the amount of \$250,000 as required by Utah Administrative Code (U.A.C.) Rule [R590-222-5\(1\)\(c\)\(v\)](#).

Explain any disciplinary or enforcement action taken against the provider within the last year.

FEES: \$950 (\$300 Renewal Application Fee + \$600 Annual Service Fee + \$50 Annual E-Commerce Fee).

Renewal application fees will be invoiced each year – failure to pay the invoiced fees by the due date of the invoice will result in the license being lapsed and may subject the licensee to administrative penalties and forfeitures.

I certify that I have read and am familiar with the requirements of Utah Code Annotated Title 31A, Chapter 36 and U.A.C. Rule R590-222 and that the provider meets all requirements to qualify as a life settlement provider in the State of Utah. I further certify that, after due inquiry, the information provided in this renewal application is true, correct, and complete to the best of my knowledge and belief.

Date: _____ Authorized Signature: _____

Printed Name & Position: _____
