

**UTAH LIFE SETTLEMENT PROVIDER
RENEWAL APPLICATION**

4315 S. 2700 W., Suite 2300
Taylorsville, UT 84129
(801) 957-9200

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 there are no changes, so state.

Statutory Home Office Address

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Mailing Address

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Company Renewal Contact

Contact Name_____
Street_____
Phone Number_____
P0 Box_____
Toll Free Number_____
City_____
Fax Number_____
State/ZIP_____
Email_____

Local Utah Representative

Contact Name_____
Street_____
Phone Number_____
P0 Box_____
Toll Free Number_____
City_____
Fax Number_____
State/ZIP_____
Email_____

Complaints Contact

Contact Name_____
Street_____
Phone Number_____
P0 Box_____
Toll Free Number_____
City_____
Fax Number_____
State/ZIP_____
Email_____

Registered Agent-service of process in Utah

Contact Name_____
Street_____
Phone Number_____
P0 Box_____
Toll Free Number_____
City_____
Fax Number_____
State/ZIP_____
Email_____

List any changes to officers, directors & controlling persons from prior application, if "none" so state, and attach a completed biographical affidavit for each. Use the NAIC Biographical Affidavit (Form 11) at https://www.naic.org/industry_ucaa.htm

(Attach additional sheet if necessary)

List all Utah Life Settlement Contracts in effect at prior year end, if "none" so state:

Identifier	Date of Life Settlement	Life Expectancy At end of Prior Year	Death Benefit

(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)(F)(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 and submit the renewal application, so they are received prior to March 1st of each year, 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: _____
