

Hawaii Application for Individual or Legal Entity Life Settlement Broker or Provider Insurance License (Please Print or Type)

Check appropriate box for the Life Settlement license being applied for:

- [] Provider License (resident; individual)[] Broker License (resident; individual)[] Provider License (non-resident; individual)[] Broker License (non-resident; individual)[] Provider License (resident; legal entity)[] Broker License (resident; legal entity)[] Provider License (non-resident; legal entity)[] Broker License (non-resident; legal entity)[] Provider License (non-resident; legal entity)[] Broker License (non-resident; legal entity)

Current Hawaii life producer license number:

_____ Date of Expiration: ____

	L E G A	LENI	TITY APPLIC	CANT			
DBusiness Entity Name		2 Incor	2 Incorporation/Formation Date (month/day/year)			3 FEIN	
List any other assumed, fictitious, alias or trade names under which business or intend to do business.			h you are doing (5) S		cile (Country of Domicile	
(7) Business Address		⑧ City	City		① Zip C	Code	Foreign Country
Business Phone (include extension)	3 Fax		(4) Business Web S	Site Address		15 Business E-M	Iail Address
16 Mailing Address or P.O. Box		17City	1	18 State	State 19Zip Code		Foreign Country
	I N D	IVIDU	AL APPLICA	A N T			
Soc. Security Number		2 If assig	gned, National Produc	cer Number (N	NPN)		
②Last Name	JR./SR. etc	⊇ First Na	ame	2 Middle	Name	Date of Bin	th (month/day/year)
Residence/Home Address (Physical Street)		⁽²⁾ ^{City}	(3) ^{City}		30 Zip Code		31) Foreign Country
⁽³⁾ Home Phone (Gender (Circle One) Male Female	Are you a Citizen of the United States? (Check One) Yes No (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)					
3 Business Entity Name			(, , , ,			,	
Business Address (Physical Street)		3 ^{City}		38 ^{State}	③ Zip C	ode	Foreign Country
Business Phone (include extension)	D ^{Business Fax}		43 Business E-Mai	1 Address	_	Hand Business We	b Site Address
Mailing Address or P.O. Box	1	City 46	1	47 ^{State}	48 Zip C	ode	Foreign Country
a. List any other assumed, fictitious	, alias, maiden or trade name	es which yo	u have used in the pa	ist.			
b. List any trade names under which	1 you are currently doing bus						
	DO NOT WP	8	ued on next page) HIS BOX – For St	tata Usa Onl	X 7		
Entity ID:	PDB				y Ch	R \$	
License #	NCIC	_ Health			130	\$	
Eff. Date:	Log	Legal			108		
Ext. Date:						\$	

Form LSB/LSP (Revised Aug 19, 2008)

STOP

If you have not maintained a Hawaii life producer license for at least one year, you are not eligible to be issued a life settlement broker license. If you meet this life settlement broker requirement, you may proceed with this application.

PLEASE ATTACH TO THIS APPLICATION INFORMATION PROVIDING THE FOLLOWING INFORMATION:

- 1. If applicable, identify all stockholders owning 10% interest or voting interest of the applicant.
- 2. If applicable, identify all partners, officers, and employees of the applicant. Please list their names and position titles.
- 3. Provider applicants: attach a detailed plan of operation.
- 4. All applicants: attach a detailed anti-fraud plan.
- 5. All non-resident applicants: Provide the name, address, telephone and facsimile numbers, and e-mail address of an agent for service of process; or an irrevocable consent stating that any action against the applicant may be commenced against the applicant by service of process on the Insurance Commissioner.
- 6. All legal entities: Provide the name, address, telephone and facsimile numbers, and e-mail address of a designated representative who is licensed pursuant to HRS § 431:9A-106. **NOTE**: the designated representative for a life settlement broker must be a Hawaii licensed producer for at least one year.

APPLICANT'S CERTIFICATION AND ATTESTATION

The Applicant (or on behalf of the legal entity) hereby certifies under penalty of perjury that:

- 1. All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for this application to be denied or license revoked and may subject me and the legal entity to civil or criminal penalties.
- 2. I further certify that I grant permission to the Commissioner to verify information provided with any federal, state or local government agency.
- 3. I authorize the Hawaii Insurance Division to give any information concerning me or the legal entity, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Division and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
- 4. All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for this application to be denied or license revoked and may subject me and the legal entity to civil or criminal penalties.
- 5. I further certify that I grant permission to the Commissioner to verify information provided with any federal, state or local government agency.
- 6. I authorize the Hawaii Insurance Division to give any information concerning me or the legal entity, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Division and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
- 7. I acknowledge that I understand and will comply with the insurance laws and regulations of the State of Hawaii.
- 8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for life line authority.
- 9. [for Legal Entities] If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

For Individual Resident or Non-Resident License:

Signature

Date

Name (Printed)

Signature	Date	
Name (Printed)		
Title		
Business Address		

For Legal Entity Resident or Non-Resident License: (Must be signed by an officer, director, or partner of the legal

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

Mail this application with the attachments and a check for \$150.00 (issuance and service fee) payable to the "Department of Commerce and Consumer Affairs" to: ATTN: Licensing Branch, Hawaii Insurance Division, 335 Merchant Street, Room 213, Honolulu HI 96813. Individual applicants must also include a separate check for \$20.00 for the criminal history record check fee. Dishonored checks will be assessed a service charge of \$25.00.