



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

John W. Oxendine, Commissioner

ENFORCEMENT DIVISION - SPECIAL PROJECTS

2 MARTIN LUTHER KING, JR., DRIVE, SUITE 708, WEST TOWER, ATLANTA, GA 30334

www.gainsurance.org

RENEWAL APPLICATION FOR LICENSE AS A LIFE SETTLEMENT PROVIDER

**FORM
GID-EN-LS-1R
New 11/07**

Renewal application is hereby made for a License to operate as a Life Settlement Provider pursuant to the Laws of Georgia. In support thereof, the following information and documentary evidence is submitted:

Filing Date: _____ EIN: _____

Name of Organization: _____

Mailing Address: _____

Street Address: _____

City: _____ County: _____

State: _____ Zip: _____

Telephone Number: () _____ Fax Number: () _____

Contact Person: _____ Email Address: _____

Telephone Number: () _____ Fax Number: () _____

Name of Attorney or Principal filing this application: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____

Telephone Number: () _____ Fax Number: () _____

Email Address: _____

Type of organization: A. ___ Individual B. ___ Partnership C. ___ Corporation

DIRECTIONS FOR ATTESTING TO THIS APPLICATION:

- a. If applicant is a sole proprietor, the application must be sworn by the sole proprietor.
- b. If applicant is a partnership, the application must be sworn by the principal partners.
- c. If applicant is a corporation, the application must be sworn by the president and secretary or by all officers and directors.

FOLLOWING ATTESTATION FORM SHALL BE USED:

I do solemnly swear or affirm that I am familiar with the Laws of Georgia relating, to Life Settlement Providers; that all the foregoing information and documentary evidence submitted is true, complete and correct to the best of my knowledge and belief.

I also do solemnly swear or affirm that there has been no subsequent events since the original application was filed that have impacted either the solvency of the company; forced any regulatory actions in any of the jurisdictions in which it operates; or, any other issues that have materially impacted any of the principals.

Company

Signature

Print Name

Print Title

Sworn to and Subscribed before Me

this _____ day of _____, _____.

(Notary Public)