



JOHN W. OXENDINE  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
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SEVENTH FLOOR, WEST TOWER  
FLOYD BUILDING  
2 MARTIN LUTHER KING JR. DR.  
ATLANTA, GA 30334

Revised: 02/08

GID-EN-LS-1

## APPLICATION FOR LICENSE AS A LIFE SETTLEMENT PROVIDER

If you are an individual with a disability and wish to acquire this document in an alternative format, please contact the ADA Coordinator at the Georgia Insurance Department, 2 Martin Luther King Jr. Drive, Atlanta, Georgia 30334 (404) 656-2056 / TDD (404) 656-4031.

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: \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS AND PROVIDE THE INFORMATION**