

## Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker

The Life Settlement Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker requires three (3) categories of information:

<a href="#">Section I</a>	–	Application Form and Fee
<a href="#">Section II</a>	–	Legal
<a href="#">Section III</a>	–	Management

- Only complete those sections in which a change of information has occurred
- Current license or Letter of Good Standing from domiciliary state and Texas is required at each renewal

Submit your filing in the following order:

1. Cover letter
2. Section I–Checklist–Application–Invoice
3. Section II–Checklist–Agent for Service of Process, Acknowledgement and Acceptance of Appointment as Agent for Service of Process, and Consent to Jurisdiction (non-residents only) –Supporting Documentation
4. Section III–Checklist–Management Information Form–Biographical Affidavits and FAST receipts from MORPHOTRUST USA (Fingerprinting is only required for individuals who have not previously been fingerprinted for Texas Department of Insurance)

Mail the completed application to:

Texas Department of Insurance  
Agent and Adjuster Licensing Office  
Mail Code: CO-AAL  
P.O. Box 12069  
Austin TX 78711-2069

***In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be declined or returned.***

# Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker

## SECTION I – APPLICATION FORM AND FEE

### INSTRUCTIONS

1. Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker in the State of Texas.

The application must be under oath and signed by the applicant. If the applicant is a corporation, a signature under oath by the company's President and Secretary must appear on this form.

**A life settlement broker or life insurance agent who solely performs estimates of life expectancy is required to indicate that on the appropriate form: License Application for a Life Settlement Provider or Broker; Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker; or Life Agent Notification to TDI to act as a Life Settlement Broker. By doing so, the broker or life insurance agent will act solely as a life expectancy estimator.**

2. Application Fee (Fee applies to Renewal of License ONLY; No fee for Surrender or Change of Information)

	Fee for Application Received ON or BEFORE Expiration Date	Fee for Application Received 1 to 90 Calendar Days AFTER Expiration Date	Application Received 91 or more Calendar Days AFTER Expiration Date
Provider	\$100	\$150	n/a – License Canceled
Broker	\$50	\$75	n/a – License Canceled

- If the life settlement provider or broker license application is POST-MARKED on or before license expiration date, the fee is \$100 for Providers and \$50 for Brokers.
- If the application is POST-MARKED 1 to 90 calendar days after the license expiration date, the fee is \$150 for Providers and \$75 for Brokers.
- If the application is POST-MARKED 91 or more calendar days after expiration date, the license is automatically canceled.

Please attach your check to the [invoice included in this application](#) and mail it to:

Texas Department of Insurance  
 Agent and Adjuster Licensing Office  
 Mail Code: CO-AAL  
 P.O. Box 12069  
 Austin TX 78711-2069

**Application for Renewal, Surrender, or Change of Information for a Life  
Settlement Provider or Broker  
SECTION I – APPLICATION FORM AND FEE**

**CHECKLIST**

Company Name: \_\_\_\_\_

1. Life Settlement provider or broker application fee paid (see fee chart on page 2)
  - a. Copy of invoice included
  - b. Copy of check included
  - c. Invoice and check mailed to Texas Department of Insurance, **Mail Code 9999**
2. Company completed application Renewal, Surrender, or Change of Information
  - a. Notification to act solely as a Life Expectancy Estimator (if applicable)
  - b. There are no omissions; where an item is not applicable, indicate “N/A”
  - c. Original license included (surrenders only)
  - d. Annual Report for Current Year included
  - e. Signed by President
  - f. Signed by Secretary (if applicable)
  - g. Notarized

***RETURN ALL COMPLETED CHECKLISTS WITH THE APPLICATION PACKAGE***

# Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker

## SECTION I – APPLICATION FORM

Company Name: \_\_\_\_\_

Texas Life Settlement License Number: \_\_\_\_\_

1. License Renewal (two-year license):

Life Settlement Broker (see fee chart on page 2)

Will applicant act solely as a Life Expectancy Estimator? YES  NO

Life Settlement Provider (see fee chart on page 2)

2. Notification of:

Change of Information (no fee) (only complete sections in which a change has occurred)

Surrender or non-renewal of license (no fee)

3. If surrendering or non-renewing, complete the following:

I am a  Provider  Broker

***If you are a provider and surrender or non-renewal was selected, you must attach your annual report for the current year. This application must be received at least 30 days prior to expiration of the license being surrendered.***

4. Demographic Information: ***(All applicants must complete this section.)***

Organizational Information:

Sole Proprietor  Corporation  Trust

Partnership  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Business or Assumed Name

\_\_\_\_\_  
Federal Employer Identification Number

\_\_\_\_\_  
Mailing Address

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Physical Address (indicate "same", if same as mailing address)

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Daytime Phone

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Contact person

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Email Address

# Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker

## SECTION I – APPLICATION FORM

\_\_\_\_\_, 20\_\_\_\_

TO THE COMMISSIONER OF THE TEXAS DEPARTMENT OF INSURANCE, AUSTIN, TEXAS:

The \_\_\_\_\_  
 (full name of company or association)

Federal Employer Identification Number: \_\_\_\_\_

(Provide Physical Address and Mailing Address)

\_\_\_\_\_ (physical address)      \_\_\_\_\_ (city)      \_\_\_\_\_ (state)      \_\_\_\_\_ (ZIP code)

\_\_\_\_\_ (mailing address)      \_\_\_\_\_ (city)      \_\_\_\_\_ (state)      \_\_\_\_\_ (ZIP code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Through its duly authorized officers, applies for a license authorizing the company or association to act as a life settlement provider or broker in the State of Texas, under its laws, and affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By: \_\_\_\_\_  
 Signature of Individual, Owner, President, or Partner

Attest: \_\_\_\_\_  
 Secretary (if applicable)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

(Notary Seal)

Name of attorney or principal filing this application:

\_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

# INVOICE

## ***LIFE SETTLEMENT PROVIDER or BROKER***

### **PAYMENT OF APPLICATION FEE**

COMPANY NAME \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

***You must return this form with the fee payment.***

**PLEASE NOTE:**

***Address the envelope with the application, application fee (make check payable to the Texas Department of Insurance), and this invoice to:***

Texas Department of Insurance  
 Agent and Adjuster Licensing Office  
 Mail Code: CO-AAL  
 P.O. Box 12069  
 Austin TX 78711-2069

**FOR TDI USE ONLY**

RECEIPT NUMBER	AMOUNT	CRE CODE
		93



# Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker

## SECTION II – LEGAL

### INSTRUCTIONS

1. Certificate of Status from State of Domicile

A certificate of status is a document issued by the applicant's state of domicile public records custodian for corporate records, generally the Secretary of State. The certificate documents that the company is duly organized and that all state taxes and fees have been paid. The certificate must show good standing, be sealed by the state, and be a certified document dated within 30 days of application date.

2. Agent for Service of Process (*to be completed only in the event that there has been a change*)

**If the applicant is not a resident of Texas**, the Agent for Service of Process form must be completed and signed before a notary. **NO** signatures other than those of the individual, owner, president, or partner and the secretary will be accepted. The Agent for Service of Process must be an entity with a Texas address who has an established place of business in Texas and who can be easily located and served with notices, legal process, and papers.

If the applicant is not a resident of Texas and this form is not completed and included with your application for license, a license will not be issued.

3. Acknowledgement and Acceptance of Appointment as Agent for Service of Process (*to be completed only in the event that there has been a change*)

**If the applicant is not a resident of Texas**, this form must be completed and executed by the appointed entity and must be acknowledged before a notary.

If the applicant is not a resident of Texas and this form is not completed and included with your application for license, a license will not be issued.

4. Consent to Jurisdiction – Irrevocable Consent to Jurisdiction of the Commissioner of Insurance and Texas Courts (*to be completed only in the event that there has been a change*)

**If the applicant is not a resident of Texas** the Consent to Jurisdiction – Irrevocable Consent to Jurisdiction of the Commissioner of Insurance and Texas Courts form must be completed and signed before a notary.

If the applicant is not a resident of Texas and this form is not completed and included with your application for license, a license will not be issued.

## 5. Certificate of Status from the Office of the Texas Secretary of State

All foreign entities are required to secure, through the Office of the Texas Secretary of State, a charter to do business in Texas.

If you have questions concerning the filing with the Office of the Texas Secretary of State, please contact their office at (512) 463-5701.

The Office of the Texas Secretary of State will mail a certificate of status to you. This certificate must be forwarded to the Texas Department of Insurance, as part of your life settlement provider or broker application, as proof of your filing with the Office of the Texas Secretary of State as a foreign entity.

**Important Note:** The Office of the Texas Secretary of State will issue a charter to a company before the Texas Department of Insurance completes its processing of an application for a certificate of authority. This charter authorizes the company to engage in any type of business, **except** insurance. *Your company **MAY NOT** engage in the business of a life settlement provider or broker in Texas until it has been issued a life settlement provider or broker license by the commissioner of the Texas Department of Insurance.*

## 6. Assumed Name Filing

If the applicant plans to utilize an assumed name, provide documentation of your compliance with the assumed name statutes of this state. Contact the Office of the Texas Secretary of State at (512) 463-5701 for assistance in complying with these requirements.

**Application for Renewal, Surrender, or Change of Information for a Life  
Settlement Provider or Broker**  
**SECTION II – LEGAL**

**CHECKLIST**

Company Name: \_\_\_\_\_

1. Organizational Documents
  - a. Certification by state of domicile
  - b. Other
2. [Agent for Service of Process](#) *(to be submitted only in the event that there has been a change)*
  - a. There are no omissions; when an item is not applicable, indicate “N/A”
  - b. Signed by Individual, Owner, or President
  - c. Signed by Secretary (if applicable)
  - d. Notarized
3. [Acknowledgement and Acceptance of Appointment as Agent for Service of Process](#) *(to be submitted only in the event that there has been a change)*
  - a. There are no omissions; when an item is not applicable, indicate “N/A”
  - b. Signed by authorized representative
  - c. Notarized
4. [Consent to Jurisdiction](#) *(to be submitted only in the event that there has been a change)*
  - a. There are no omissions; when an item is not applicable, indicate “N/A”
  - b. Signed by Individual, Owner, or President
  - c. Signed by Secretary (if applicable)
5. Certificate of Status from Office of Texas Secretary of State
6. Assumed Name Filing

### AGENT FOR SERVICE OF PROCESS

THE STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ § KNOW ALL BY THESE PRESENTS:

That \_\_\_\_\_ of  
(company name)

\_\_\_\_\_ nominates and appoints  
(domiciliary city and state)

\_\_\_\_\_ located at \_\_\_\_\_,  
(name of appointee) (address)

\_\_\_\_\_, Texas, \_\_\_\_\_, the true and lawful AGENT of said applicant for the  
(city) (ZIP code)

State of Texas, to acknowledge service of legal process issued by any court of the State of Texas for and on behalf of the applicant, or on whom service of such process may be had, according to the laws of the State of Texas. In addition, this acknowledgment of service of process is valid and sufficient if served upon the applicant according to the laws of the State of Texas, or any other state.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Individual, Owner, President, or Partner

\_\_\_\_\_  
Secretary (if applicable)



# ACKNOWLEDGMENT AND ACCEPTANCE OF APPOINTMENT AS AGENT FOR SERVICE OF PROCESS

THE STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ § KNOW ALL BY THESE PRESENTS:

That \_\_\_\_\_ of  
(name of Agent for Service)

\_\_\_\_\_ does acknowledge and accept the  
(address)  
appointment as true and lawful agent for \_\_\_\_\_,  
(company name)

to acknowledge service of legal process issued for and on behalf of the provider or broker, or on whom service of process may be had, according to the laws of the State of Texas. In addition, this acknowledgment of service of process is valid and sufficient as if served upon the provider or broker according to the laws of the State of Texas or any other state.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City, State, and ZIP code



**IRREVOCABLE CONSENT TO JURISDICTION OF THE COMMISSIONER OF INSURANCE AND TEXAS COURTS**

*(to be completed only if applicant is NOT a Texas resident)*

THE STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ § KNOW ALL BY THESE PRESENTS:

That \_\_\_\_\_ of  
(company name)

\_\_\_\_\_ is filing herewith its application for  
(domiciliary city and state)

a license to operate as a [check appropriate box(es)] \_\_\_ life settlement provider \_\_\_ life settlement broker, in the State of Texas, and its Appointment of Agent for Service of Process; that, upon issuance

by the commissioner of insurance of a license, \_\_\_\_\_  
(company name)

consents to the jurisdiction of the commissioner of insurance and all Texas courts in relation to any transactions or other activity subject to regulation under Chapter 1111A, Texas Insurance Code, Title 28, Chapter 3, Subchapter R, Texas Administrative Code, and all other Texas statutes or regulations; and that such consent to the jurisdiction of the commissioner of insurance and the Texas courts is

and will remain irrevocable for as long as \_\_\_\_\_  
(company name)

possesses a license from the commissioner of insurance or engages in the business of life settlements in or from the State of Texas.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Individual, Owner, President, or Partner

\_\_\_\_\_  
Secretary's Signature (if applicable)



THE STATE OF \_\_\_\_\_ §

§

COUNTY OF \_\_\_\_\_ §

Before me, \_\_\_\_\_, on this day personally appeared  
(printed name of notary)

\_\_\_\_\_, known to me to be the  
(printed names of persons signing Consent to Jurisdiction)

person(s) whose names are subscribed in this document, and acknowledged to me that they executed, in the capacities stated, and as the act and deed of

\_\_\_\_\_  
(company name)

Given under my hand and seal of office this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

*(Notary Seal)*

\_\_\_\_\_  
(notary public signature)

Notary Public, State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

# Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker

## SECTION III – MANAGEMENT

### INSTRUCTIONS

**ANY NAMES REQUESTED IN THIS SECTION MUST INCLUDE COMPLETE FIRST, MIDDLE, AND LAST NAMES.**

1. List of All Officers, Directors, Shareholders, and Key Employees
  - A. List on the attached Management Information Form the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Submit a separate Management Information Form for each of these companies.

Also include on the Management Information Form the names of each company or individual with an ownership interest of 10 percent or more. For each shareholder, include the percentage of shares owned. If 10 percent or more of the shares is owned by an entity other than a natural person, please list the owners, officers, directors, and managing members of the entity on a separate Management Information Form.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organizational chart showing the relationship of all related corporations or holding companies.
2. Biographical Affidavits as to All Company Officers, Directors, Shareholders, and Key Employees

Provide Biographical Affidavit for Life Settlement Providers or Brokers for each officer, director, shareholder, and key employee listed in Section IV–1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered.

**The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory.** Refer to Public Law 93-579, Disclosure of Social Security Account Number. Note that the social security number and home address are included on a separate sheet that will be kept confidential to the extent permitted by law.

Limited collection of social security numbers is imperative for TDI. The duties of TDI in background investigation are extensive in order to ensure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of or pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

3. Fingerprinting Instructions (Fingerprinting is only required for those individuals who have not previously been fingerprinted for the Texas Department of Insurance.)

Electronic fingerprinting is available for Texas residents. It is fast and accurate; and in most cases, it will help avoid potential delays in the processing of your submission. The general process for obtaining Electronic Fingerprints is as follows:

- A. Schedule an appointment to be fingerprinted. MorphoTrust USA has 80+ Texas fingerprint locations. Schedule at <http://www.identogo.com> or call toll-free 1-888-467-2080 (8 am-5 pm CST)
  1. Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
    - a. You may begin the process by simply clicking on the following link: [Identogo – appointment link for the Texas Department of Insurance \(11G6QF\)](#).
    - b. Click “Schedule an Appointment” and complete all required fields.
  2. If you prefer to schedule over the telephone, you must:
    - a. First, download the [Identogo Texas Fingerprint Service Code Form](#).
    - b. Then call 1-888-467-2080.
    - c. MorphoTrust USA / Identogo will then prompt you for the service code (11G6QF) located on the [Identogo Texas Fingerprint Service Code Form](#).
- B. Arrive at your scheduled appointment with your photo identification and fee.
- C. At the conclusion of your appointment, the MorphoTrust USA enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
- D. Attach your fingerprint receipt to your application. You will be sending the receipt to us instead of sending a paper fingerprint card.

However, when electronic fingerprinting is not an option and fingerprint cards must be used, applicants and registrants should follow the steps below:

- A. Pre-enroll with MorphoTrust USA to submit fingerprint cards.
  1. Internet based pre-enrollment is the quickest and most efficient way to submit fingerprint cards.
    - a. You may begin the process by simply clicking on the following link: [Identogo – appointment link for the Texas Department of Insurance \(11G6QF\)](#).
    - b. Click “Schedule an Appointment”
    - c. On the next screen, click the “Pay for Ink Card Submission” button and complete all required fields on the following pages.
    - d. Complete payment screen.
    - e. Print the confirmation page, sign the waiver section and complete the contact information section.
    - f. Mail the confirmation page with your fingerprint cards. Mailing directions are below.
  2. If you prefer to pre-enroll over the telephone, you must:
    - a. First, download the [Identogo Texas Fingerprint Service Code Form](#).
    - b. Then call 1-888-467-2080.
    - c. MorphoTrust USA / Identogo will then prompt you for the service code (11G6QF) located on the [Identogo Texas Fingerprint Service Code Form](#).
    - d. Inform the MorphoTrust USA representative of your wish to pre-enroll for a “hard card submission”.
    - e. Once payment is completed, a confirmation page will be emailed to you.
    - f. Print the confirmation page, sign the waiver section and complete the contact information section.
    - g. Mail the confirmation page with your fingerprint cards. Mailing directions are below.

- B. Obtain a copy of your fingerprints on an original FBI fingerprint card that includes the Texas Department of Insurance ORI TX920540Z. All requested information must be provided on the fingerprint card, and you and the official taking the fingerprints must sign the card. TDI strongly recommends all residents of Texas, utilize fingerprinting through approved vendors of DPS. Blank cards may be obtained from TDI by calling 512-676-6500 or email request to the Agent and Adjuster Licensing Office at [License@tdi.texas.gov](mailto:License@tdi.texas.gov).
- C. Once you have obtained your fingerprint cards, follow the mailing instructions found on the MorphoTrust USA Pre-Enrollment confirmation page that you printed and signed.
- D. Wait for a receipt from MorphoTrust USA.

**Please place your receipt from MORPHOTRUST USA in this section.**

# Application for Renewal, Surrender, or Change of Information for a Life Settlement Provider or Broker

## *SECTION III – MANAGEMENT*

### CHECKLIST

Company Name: \_\_\_\_\_

1. Management Information Form
  - a. **NEW** officers, directors, shareholders (10 percent or more), and key employees have been identified
  - b. Biographical Affidavit for Life Settlement Providers or Brokers
  - c. All blanks completed
  - d. Contains signature
  - e. Notarized
  - f. Full name given (including full middle name or indicate “NMN” if one does not exist)
2. FAST receipt from MORPHOTRUST USA for all officers, directors, shareholders (10 percent or more), and key employees who have not previously been fingerprinted for Texas Department of Insurance.

**MANAGEMENT INFORMATION FORM  
COMPLETE LIST OF OFFICERS, DIRECTORS,  
SHAREHOLDERS (10 PERCENT OR MORE), AND KEY EMPLOYEES**

Company Name: \_\_\_\_\_

NAME	TITLE AND RESPONSIBILITIES	% OF OWNERSHIP	PERFORMS ACTS OF A LIFE SETTLEMENT BROKER (YES/NO)

*Attach additional pages if needed.*