



Texas Department of Insurance

Financial Regulation Division – Company Licensing and Registration Office, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3535 telephone • 512-490-1035 fax • www.tdi.texas.gov

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:

- [Section I](#) – Application Form and Fee
- [Section II](#) – Legal
- [Section III](#) – 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
Financial Regulation Division - Company Licensing and Registration Office, Mail Code 305-2C
333 Guadalupe Street, Austin, TX 78701 (physical location) or
PO Box 149104, Austin, TX 78714-9104

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 such 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 such, 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
Financial Regulation Division – Company Licensing and Registration Office, **Mail Code 9999**
333 Guadalupe Street, Austin, TX 78701 (physical location) or
PO Box 149104, Austin, TX 78714-9104

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 Proprietorship Corporation Trust

Partnership Other (specify) _____

Business or Assumed Name, if any

Federal Employer Identification Number

Mailing Address

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

Daytime Phone Number

Contact person

Email Address

APPLICATION FOR RENEWAL, SURRENDER, OR CHANGE OF INFORMATION
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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 the laws thereof, and do hereby 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 the invoice to:

Texas Department of Insurance
Financial Regulation Division – Company Licensing and Registration, **Mail Code 9999**
333 Guadalupe Street, Austin, TX 78701, *or*
PO Box 149104, Austin, TX 78714-9104

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. Fictitious Name Filing

If the applicant plans to utilize a fictitious name, provide documentation of your compliance with the fictitious 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
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**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) ~~Notarized~~
 - 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) ~~Notarized~~
 - 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) ~~Notarized~~
 - 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. Fictitious Name Filing

AGENT FOR SERVICE OF PROCESS

THE STATE OF _____

§
§
§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF _____

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 said applicant, or on whom service of such process may be had, according to the laws of the State of Texas. In addition, it is agreed that such acknowledgment of service of process is valid and sufficient if serviced 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)

THE STATE OF _____

§
§
§

COUNTY OF _____

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

_____, both known to
(printed names of persons signing appointment)

me to be the persons whose names are subscribed in this document, and acknowledged to me that they executed this document, in the capacities stated, and as the act and deed of

(company name)

Given under my hand and seal of office this _____ day of _____, _____.

(Notary Seal)

(notary public signature)

Notary Public, State of _____

My Commission Expires _____

ACKNOWLEDGMENT AND ACCEPTANCE OF APPOINTMENT AS AGENT FOR SERVICE OF PROCESS

THE STATE OF _____

§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF _____

§

§

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 said provider or broker, or on whom service of such process may be had, according to the laws of the State of Texas. In addition, it is agreed that such acknowledgment of service of process is valid and sufficient as if serviced 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

THE STATE OF _____

§

COUNTY OF _____

§

§

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

_____, known to me to be the
(printed name of agent signing Acknowledgment and Acceptance)

person whose name is subscribed to this document, and acknowledged to me that they executed this document in the capacities stated, and as the act and deed of

(company name)

Given under my hand and seal of office this _____ day of _____, _____.

(Notary Seal)

(notary public signature)

Notary Public, State of _____

My Commission Expires _____

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

THE STATE OF _____

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§
§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF _____

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)

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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 organization 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 the Texas Department of Insurance. The duties of the Texas Department of Insurance 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.)

MORPHOTRUST USA is our electronic fingerprint vendor, and they can be reached by visiting their website at www.L1enrollment.com or by phone at 1-888-467-2080.

- A. If the officer resides in an area serviced by MORPHOTRUST USA, follow these steps to complete the fingerprint process:

- 1) Visit www.L1enrollment.com or call 1-888-467-2080 to find the nearest MORPHOTRUST USA location and schedule an appointment.
- 2) Print and complete the Fast Pass Form (for electronic fingerprint appointment) by visiting <http://www.tdi.texas.gov/licensing/company/index.html>.
- 3) Arrive at your scheduled appointment with your Fast Pass Form and a check payable to MORPHOTRUST USA for \$41.45. After your fingerprints and photograph are taken, the technician will give you a FAST receipt stating you were fingerprinted.
- 4) Please place your FAST receipt from MORPHOTRUST USA in this section.

- B. If the officer resides in an area not serviced by MORPHOTRUST USA, follow these steps to complete the fingerprint process:

- 1) Print and complete the FAST Fingerprint Card Scan Authorization Form from TDI's website at <http://www.tdi.texas.gov/licensing/company/index.html>. All information requested on the FAST Fingerprint Card Scan Authorization Form MUST be provided. That includes sex, race, date and place of birth, home address, etc. If the required information is not provided, the fingerprint card cannot be processed.
- 2) Get fingerprinted by a criminal law enforcement agency on an original APPLICANT fingerprint card that includes Texas Department of Insurance ORI TX 920540Z. ALL requested information must be provided on the fingerprint card, including signatures of the captioned company officer and person being fingerprinted. Blank fingerprint cards may be obtained from TDI by calling (512) 322-3503 or emailing your request to license@tdi.state.tx.us. All fingerprints MUST be captured by a law enforcement agency.
- 3) Make check for \$41.45 payable to MORPHOTRUST USA. Mail the completed Fingerprint Card Scan Authorization Form, original fingerprint card and check to:

MORPHOTRUST USA
1650 Wabash Avenue, Suite D
Springfield, IL 62704

- 4) Wait for a FAST receipt from MORPHOTRUST USA. The FAST receipt allows TDI to locate criminal history reports.
- 5) Please place your FAST 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.

