



**Department of Consumer and Business Services**

**Insurance Division — 3**

P.O. Box 14480, Salem, OR 97309-0405

Phone: 503-947-7981, Fax: 503-378-4351

350 Winter St. NE, Salem, Oregon

www.insurance.oregon.gov

**Remit with payment to:**

Fiscal Services Section  
Oregon Department of Consumer  
and Business Services  
P.O. Box 14610  
Salem, OR 97309-0445

**Life Settlement Broker  
Firm or Corporation  
Application**

Resident     Nonresident     Firm     Corporation    Fee: \$45

Firm or corporation: \_\_\_\_\_

Assumed business name: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Business phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

1. If this application is for a firm, list names and address of owners in space provided below.

If for a corporation, list all officers and directors and the names and addresses of owners of 10 percent or more of the corporation's stock:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the applicant ever had a license of any kind suspended, revoked, refused, or otherwise withheld, or any fine or other action taken against such a license?     Yes     No

3. Has the firm or corporation or any member, officer, or director ever filed for or been adjudged in a bankruptcy proceeding?     Yes     No    If yes, attach a written explanation.

**Important notice about your license.**

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**FISCAL USE ONLY: 44410/1575**  
**Fee: \$45.00**

4. List the name and address of each life settlement broker representing the firm or corporation in Oregon. You are required to keep the Insurance Division informed of any deletions or additions.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

5. List all branch offices, including addresses and phone numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Certification

*I certify that all information given on this application is true and complete*

Signature of officer or owner: \_\_\_\_\_ Date: \_\_\_\_\_

### Appointment of insurance commissioner for legal service

I, \_\_\_\_\_ of \_\_\_\_\_  
(Officer or owner) (Name of firm or corporation)

do hereby designate and appoint the insurance commissioner for the State of Oregon as my lawful attorney in fact, upon whom all legal process and summons against the firm or corporation may be served in any action, suit, or proceeding in any of the courts of justice of the State of Oregon or the United States necessary to give said courts complete jurisdiction of the said firm or corporation. I further stipulate and agree that any legal process or summons served upon the insurance commissioner for the State of Oregon shall be taken and held in said courts to be valid and binding upon the firm or corporation and that this appointment shall continue in force so long as any liability of the firm or corporation remains outstanding in Oregon.

In witness whereof, I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of officer or owner: \_\_\_\_\_ Date: \_\_\_\_\_

