

**STATE OF CONNECTICUT
INSURANCE DEPARTMENT**

**Life Producer Registration to Act as a Life Settlement Broker
Individual Registration Form**

Registration fee: \$26.00 check/money order payable to the "Treasurer, State of Connecticut"

Connecticut Producer License Number: _____

Individual Social Security Number: _____ - _____ - _____

Individual Name: _____

Resident Address: _____

Individual E-Mail: _____

Work E-Mail: _____

Phone Number: (_____) _____

I have continuously held an active Producer license with Life authority in my resident state for at least one year.
Yes _____ No _____

NOTE: Registration is not required if you hold an active Life Settlement Broker License in Connecticut.

APPLICANT'S CERTIFICATION AND ATTESTATION

The Applicant must read the following information carefully:

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- By signing this form, I agree to comply with CSG §38a-465 Life Settlements.

Print or Type Name

Signature

Date

Return to:

State of Connecticut
Insurance Department
Attn: Licensing
PO Box 816
Hartford, CT 06142-0816

Please allow 7-10 days for processing.

To check the status of the Registration:

From our homepage at www.ct.gov/cid, select "Verify and Print a License," under "Industry."