

State of California

**Life Settlement Form Filing Cover Sheet
California Insurance Code, Section 10113.2(c)**

Name of Licensee: _____

Provide the Following (choose all that apply):

CA# or NAIC # _____

License Number: _____

FEIN Number: _____

Application No.: _____

Licensee is a:

Life Settlement Provider

Life Settlement Broker

Life Producer Transacting Life Settlement Business

Description of Form(s) and any Identifying Form Number(s): _____

Approximate Date Licensee will Commence Using Form(s): _____

Form Submitted by On Behalf of Licensee

Name

Title

Phone Number