NOTIFICATION BY LIFE INSURANCE PRODUCER OF ACTION AS LIFE SETTLEMENT BROKER

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 59438 (3-2010)

INSTRUCTIONS

N.D.C.C. 26.1-33.4-02(3) and (4) permit a life insurance producer who has been duly licensed as a resident insurance producer with a life line of authority in this state or the producer's home state for at least one year and who is licensed as a nonresident producer in North Dakota to operate as a life settlement broker in North Dakota. This form must be completed and submitted to the North Dakota Insurance Commissioner not later than thirty (30) days from the first day of a life insurance producer operating as a life settlement broker. The insurance producer must submit $100.00 with this form.

Complete this notification form.

1. Attach the $100 fee. Make credit card information, check or money order payable to the N.D. Insurance Department.
2. Attach completed Certification of Advertising Compliance SFN 58799. This form is available on the Department's website, http://www.nd.gov/ndins/, or by request.
3. Attach antifraud plan as required by N.D.C.C. 26.1-33.4-13(7)(a)(2).
4. Submit to Commissioner.

Name	Telephone Number	Fax Number	
Residence Address	City	State	ZIP Code
Business Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
National Producer Number (NPN)	E-Mail Address		
Date Resident Life Insurance Producer License Issued	State Of Resident License		
If Applicable, Date North Dakota Nonresident Life Insurance Producer License Issued	Date On Which Life Insurance Producer First Acted As A Life Settlement Broker		

For business entities: N.D.C.C. 26.1-33.4-02(10) provides, "A license issued to a partnership, corporation, or other entity authorizes all members, officers, and designated employees to act as a licensee under the license, if those individuals are named in the application and any supplements to the application." State the names of any individuals designated to act as a licensee under the North Dakota life settlement broker license issued to the business entity. List additional names on a separate sheet of paper.

Name	NPN	Name	NPN

State of _____)
) ss.
County of _____)

The undersigned life insurance producer, first being duly sworn, deposes and says that the undersigned has executed the foregoing notification; that the undersigned has read the notification and knows its contents; that the statements made are true and correct, to the best of the undersigned's knowledge and belief; and that the undersigned acknowledges that the undersigned will operate as a life settlement broker in accordance with N.D.C.C. ch. 26.1-33.4, including payment of renewal license fees. The undersigned hereby irrevocably designates the North Dakota Insurance Commissioner and the Commissioner's successors in office as the undersigned's true and lawful attorney upon whom may be served all lawful process in any action, suit or proceeding instituted by or on behalf of any interested person arising out of the undersigned's life settlement business in North Dakota.

Printed Name	Signature	Title for Business Entity Licensees

Subscribed and sworn to before me on this _____ day of _____, 20 _____.

_____ My commission expires:

Notary Public