



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

John W. Oxendine, Commissioner

AGENTS LICENSING DIVISION
2 MLK, JR. DR., 916 WEST TOWER, ATLANTA, GA 30334
WWW.GAININSURANCE.ORG

**FORM
GID-AL-LS-1**

Rev. 02/06

Life Settlement Producer Registration

1. Name of Licensed Producer _____
(First) (Middle) (Last)

2. Social Security Number _____

3. License Number and Resident State _____

4. Resident Address _____
(Street and Number)

(City) (State) (Zip)

5. Business Address _____
(Include Business Name, Street and Suite Number)

(City) (State) (Zip)

6. Full Name of Life Settlement Provider _____

*If more than one Life Settlement Provider, attach a supplement providing all required information.

7. Address of Life Settlement Provider _____
(Street and Suite Number)

(City) (State) (Zip)

I hereby certify that all information provided in this application, form GID122LS, is true and correct to the best of my knowledge and belief. I further certify that I have read O.C.G.A. 33-59 and will operate in accordance with this chapter.

Signature of Producer

**Filing fee: \$50
Make check or money order payable to:
Georgia Insurance Department**