OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

www.oci.ga.gov

Phone: 855-235-5174 Email: GAInslicensing@psionline.com

AGENTS LICENSING
GID-AL-LS-1 APR2015

LIFE SETTLEMENT PRODUCER REGISTRATION

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

2. Social Security Number _____

3. License Number _____ 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)

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this registration for processing.

I hereby certify that all information provided in this application, form GID-AL-LS-1, 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: **PSI SERVICES LLC**

Overnight Mailing Address WITH PAYMENT:
Bank of America, ATTN: PSI Services LLC Box 742983, 1075 Loop Road (2nd Floor), Atlanta, GA 30337

Regular Mailing Address WITH PAYMENT:
PSI Services LLC, P.O. Box 742983, Atlanta, GA 30348-2983

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