FORM L-LSB



LIFE SETTLEMENT BROKER NOTIFICATION OF LIFE SETTLEMENT BROKER

LICENSING

602-364-4457

insurancelicensing@difi.az.gov

You must hold an insurance producer license with life insurance authority in order to act as a life settlement broker per Arizona Revised Statutes (A.R.S.) § 20-3202(F)(1).

- Complete and submit this form within the first 30 days of operating as a broker. (A.R.S. § 20-3202(F)(3))
- To locate your license information, visit the department's website online at https://difi.az.gov/ and click the "Licensing" tab.
- AS AN ALTERNATIVE, you may apply online using the National Insurance Producer Registry (NIPR) found at https://nipr.com/ INSTEAD OF submitting this Form L-LSB. NIPR applications are processed more quickly.

APPLICANT NAME		nse expiration date be AZ LICENSE NO. (<i>AZ Licer</i>		LICENSE EXPIRATION DATE
APPLICANT NAME	,	AZ LICENSE NO. (AZ LICEI	ise Holder)	LICENSE EXPIRATION DATE
<i>Include with this form</i> , the appropriate no (A.R.S. § 20-3202(F)(3))	n-refundable life settlem	ent broker application	ı fee show	n below.
\square \$250.00 to add authority to an existing	g insurance producer lic	ense that expires in <i>le</i>	ess than tw	o years; OR
☐ \$500.00 to add authority to an existing	g insurance producer lic	ense that expires in tv	vo years <i>o</i>	r more.
	CERTIFICATION BY	APPLICANT		
To be completed by the applicant or, if t producer.			t's designa	ted responsible licensed
By my signature below, I hereby certify provisions of A.R.S. Title 20, Ch. 22 an required to be registered as a securities 44-1850, <i>et al.</i>	d other laws that govern	n life settlements; and	(2) I am a	aware that I may also be
TYPED OR PRINTED NAME	SIGNATURE	OF APPLICANT		DATE

FOR USE ONLY BY THE DEPARTMENT OF INSURANCE				
		LICENSE TECH INITIALS		
☐ 271 4-year LSB (500)	☐ 272 2-year LSB (250)			

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