IDAHO FILING SUBMISSION DOCUMENTATION FORM FOR LIFE SETTLEMENTS

Leave sec	ctions which do not	apply blank.	DATE
Entity Name	Domiciliary State	FEIN#	
Address			
Address			
Producer License Number	E-mail address		
TYPE OF FILING Attach listing showing description of forms, form	numbers and forms	and advertising being f	iled and/or replaced.
Under Idaho law, life settlement contract forms, owner disclosure statement forms and advertising must be filed with the Department and certified to be in compliance with sections 41-1950 through 41-1965 of the Idaho Code. If the forms are later found to be in noncompliance with the Idaho Code and rules of the Department, the Director shall, in accordance with the Idaho administrative procedures act, prohibit the use of such forms and administrative penalties may be assessed. Any forms not in compliance must be brought into compliance retroactive to the date of first use.			
CERTIFICATE OF COMPLIANCE			
I, the undersigned, declare that I am an authorize I have the authority to bind that organization by all applicable sections of the Idaho Insurance knowledge and belief, all documents contained	my signature. I ha	ave reviewed the con	ntents of this filing and
printed format and all terms contained therein and delivery in the State of Idaho.	herein comply with	said code, rules and	d bulletins, are in final

SUBMIT

Title

Print Name

Signature