

Life Settlement Provider and Life Settlement Broker Transmittal Document

1.	Prepared for the State of Kentucky			
2.	Department Use Only			
	State Tracking ID			
3.	Broker or Provider Name & Address	State of Domicile	License Type (Provider or Broker)	FEIN
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> Informational <input type="checkbox"/> Other (please explain): _____		
6.	Company Tracking Number			
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____	
8.	Filing Submission Date			
9.	Filing Fee (If required)	Amount: _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date: _____ Check Number: _____	
10.	Date of Domiciliary Approval			
11.	Filing Description:			
12.	Certification			
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Kentucky.</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date: _____</p>				

13.

Form Filing Attachment

This filing transmittal is part of company tracking number

	Document Name	Form Number	FLESH Score		Replaced Form Number
					Previous State Filing Number
1				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
2				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
3				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
4				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
5				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
6				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
7				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
8				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
9				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	
10				<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other <hr/>	