



**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.GAINSURANCE.ORG

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

Rev. 03/06

**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)

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

Your signature on this form, GID122-AL-LS-1, is an acknowledgement that you are operating in accordance with O.C.G.A. §33-59-1.

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