



**OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
200 St. Paul Place, 16th Floor, Baltimore, Maryland 21202**

**APPLICATION TO REGISTER AS A STRUCTURED SETTLEMENT TRANSFEREE
IN THE STATE OF MARYLAND**

Instructions

Maryland law requires that anyone filing a petition for a transfer of structured settlement payment rights in Maryland must be registered with the Office of the Attorney General as a structured settlement transferee. *See* Md. Code Ann., Cts. & Jud. Proc. § 5-1107. To apply for registration, applicants not currently registered with the Office of the Attorney General must use this form. *See id.* § 5-1108(a).

Once an application for registration is approved, registration will be effective for one year from the date of registration.

Each question must be answered clearly and completely. Applicants may use the fillable PDF or print a hard copy and type or print in ink. If more space is required to answer any question, the applicant may provide the answer on a separate page, and attach it to the application.

Every question must have a response. If there is no responsive information to a question, please write NONE or N.A. after the question.

Failure to attach Information Forms for Control Affiliates and Legal Proceedings Forms may cause a delay in registration or denial of the registration request.

The Office of the Attorney General will treat Social Security Numbers provided in this application as not subject to public inspection under the Maryland Public Information Act (“MPIA”). *See* Md. Code Ann., Gen. Prov. §§ 4-334, 4-335. The Office of the Attorney General may also deny public inspection of other information provided by the applicant in this application and its accompanying forms in accordance with the MPIA.

The fee for initial registration as a structured settlement transferee is \$2,000.00. Payment in full must accompany this application. Please make the check or money order payable to the Office of the Attorney General.

The person identified below in response to Question #3 as the person primarily responsible for the Maryland operations of the applicant must sign the application and all accompanying Information Forms for Control Affiliates and Legal Proceedings Forms.

Except with respect to the information requested in Question #6, the applicant must inform the Office of the Attorney General of any change to the information provided in this application within 21 days of the change taking effect.

Completed applications may be printed and mailed to Administrator, Structured Settlement Transferee Registration Program, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202 or submitted electronically to sadministrator@oag.state.md.us.

Definitions

“**Control**” means to have the ability, directly or indirectly, to direct the management or policies of an entity, whether through ownership, by contract, or otherwise.

“**Control affiliate**” means any **person**: (1) who serves as a director, member, general partner, or trustee of the applicant; (2) who serves as an officer or manager exercising executive responsibility over the applicant (or has similar status or functions); (3) who is a **corporate affiliate** of the applicant; or (4) who, if the applicant is not subject to reporting requirements under the Securities Exchange Act of 1934, directly or indirectly owns 5% or more of the applicant or a **corporate affiliate** of the applicant.

“**Corporate affiliate**” means a legal entity that (i) **controls** the applicant, (ii) is **controlled by** the applicant, or (iii) if the entity is involved in issuing, transferring, securitizing, or giving advice concerning structured settlements, structured settlement payments, or **structured settlement payment rights**, is under common **control** with the applicant.

“**Discounted present value**” refers to the value of **structured settlement payment rights** calculated at the time of a proposed transfer of such payment rights in accordance with the definition set forth in § 5-1101 of the Courts and Judicial Proceedings Article.

“**Payee**” has the meaning stated in § 5-1101 of the Courts and Judicial Proceedings Article.

“**Person**” means an individual or a partnership, corporation, limited liability company, trust, or other legal entity.

“**Structured settlement payment rights**” has the meaning stated in § 5-1101 of the Courts and Judicial Proceedings Article.

1. Identifying Information

a. Full legal name of the applicant:

b. Please identify any trade name through which the applicant intends to engage in the business of acquiring **structured settlement payment rights** in Maryland. (No more than four trade names may be used. *See* Md. Code Ann., Cts. & Jud. Proc. § 5-1108(d)(5).) If any of the applicant's trade names is the name of a separate corporate entity, please identify the jurisdiction where and date when the separate entity was formed (*i.e.*, state or country where incorporated or organized, where partnership agreement was filed, or where separate entity was formed). **[NOTE: Any petitions for transfer of structured settlement payment rights must be filed in the legal name of the registered transferee.]**

c. Please identify each trade name through which the applicant or any of its **corporate affiliates** has engaged in the business of acquiring **structured settlement payment rights** in Maryland in the last five years. If more space is needed to answer, please attach an additional sheet.

d. Applicant's organizational form:

- corporation
- limited liability company
- partnership
- trust
- sole proprietorship
- other (specify) _____

- e. If the applicant is other than a sole proprietor, please identify the jurisdiction where and date when the applicant entity was formed (*i.e.*, state or country where incorporated or organized, where partnership agreement was filed, or where applicant entity was formed).

- f. If the applicant is other than a sole proprietor and was formed out of state, please provide the date when the applicant registered to do business in Maryland.

- g. Address of applicant's principal office or place of business: [NOTE: The applicant must identify the street address of the place where its business operations are managed. The applicant may not identify a post office box or the street address of a UPS Store or other similar entity. If the applicant has no principal office or place of business, the applicant must identify the street address of the place where each of the applicant's officers and managers resides.]

- h. Applicant's mailing address, if different than principal office or business address:

- i. Applicant's business telephone number:

- j. Applicant's business fax number.

- k. Applicant's business email address.

l. For an applicant who is an individual, please identify the applicant's Social Security Number.

m. For an applicant other than an individual, please identify the applicant's Federal Employer Identification Number.

n. If the applicant is a publicly traded entity subject to reporting requirements under the Securities Exchange Act of 1934, please provide the applicant's central index key number.

2. Please identify each of the applicant's **control affiliates** (including, as specified in the Definitions set forth above, all **corporate affiliates**) and, for each one, complete an Information Form for Control Affiliates. If more space is needed to answer, please attach an additional sheet.

3. Please identify, from among the applicant's **control affiliates**, the individual who will be primarily responsible for the direction and management of the applicant's operations in Maryland.

4. Please identify each internet domain name used by the applicant or a **control affiliate** to advertise or market any services related to structured settlements, structured settlement payments, or **structured settlement payment rights**.

5. Legal Proceedings and Judgments

- a. In the past ten years, has the applicant or a **control affiliate** been found by a court of competent jurisdiction, a government agency, or an arbitrator to have made a false statement or omission, committed fraud, engaged in unfair or deceptive business or trade practices, violated any consumer protection law, violated a state structured settlement protection act, or committed any other civil wrong or regulatory violation involving dishonesty or deception?

YES NO

If yes, please list the proceeding(s) and complete a Legal Proceedings Form for each. If more space is needed to answer, please attach an additional sheet.

- b. In the past three years, has the applicant or a **control affiliate** been the subject of any complaint filed with a court of competent jurisdiction, government agency or arbitrator in which the applicant or **control affiliate** was alleged to have committed fraud, engaged in unfair or deceptive business or trade practices, violated any consumer protection law, violated a state structured settlement protection act, or committed any other civil wrong or regulatory violation involving dishonesty or deception?

YES NO

If yes, please list the proceeding(s) and complete a Legal Proceedings Form for each. If more space is needed to answer, please attach an additional sheet.

- c. In the past ten years, have any of the officers, directors, or executive, managerial, professional, or sales and marketing employees of the applicant been convicted of or pled guilty or nolo contendere (“no contest”) to a crime involving dishonesty, deception, or moral turpitude?

YES NO

If yes, please list the proceeding(s) and complete a Legal Proceedings Form for each. If more space is needed to answer, please attach an additional sheet.

- d. Does the applicant or a **control affiliate** have any existing unsatisfied judgments, arbitration awards, or tax liens?

YES NO

If yes, please list and submit a copy of the unsatisfied judgment(s), arbitration awards, or tax lien(s) existing against the applicant or **control affiliate**. If more space is needed to answer, please attach an additional sheet.

e. In the past ten years, has the applicant or a **control affiliate** been the subject of a bankruptcy or insolvency proceeding?

- YES
- NO

If yes, please list the proceeding(s), including the caption for the proceeding(s) and any applicable docket or case number(s). If more space is needed to answer, please attach an additional sheet.

6. Information Regarding Transactions with Customers

a. Has the applicant or any of its **control affiliates** filed a petition for approval of a transfer of structured settlement payments in any court in Maryland since October 1, 2016?

- YES
- NO

b. Please identify each petition for approval of a transfer of structured settlement payments filed during the past two years by the applicant or any of its **control affiliates** in the court of any state in which (i) the structured settlement payments arose from a claim of lead paint poisoning or a traumatic brain injury; (ii) the present value of the structured settlement payments, calculated in accordance with the applicable federal rate for determining the present value of an annuity, was \$100,000 or more; *and* (iii) the discount rate applicable to the transfer exceeded by twelve percentage points or more the applicable federal rate for determining the present value of an annuity. Please state the case name, the docket number, the jurisdiction in which the petition was filed, the name of the customer, and the discount rate applicable to the proposed transfer. If more space is needed to answer, please attach an additional sheet.

- c. Please identify each petition for approval of a transfer of structured settlement payments filed during the past two years by the applicant or any of its **control affiliates** in the court of any state in which (i) the present value of the structured settlement payments, calculated in accordance with the applicable federal rate for determining the present value of an annuity, was \$100,000 or more; *and* (ii) the discount rate applicable to the transfer was 20% or higher. Please state the case name, the docket number, the jurisdiction in which the petition was filed, the name of the customer, and the discount rate applicable to the proposed transfer. If more space is needed to answer, please attach an additional sheet.

- d. During the past five years, has the applicant or any of its **control affiliates** provided assistance of any kind to any **payee** or potential customer in establishing residency in Maryland?

YES NO

If yes, please identify each such payee or potential customer:

- e. During the past five years, has the applicant or any of its **control affiliates** provided assistance of any kind to any Maryland resident in establishing residency in another state?

YES NO

If yes, please identify each such Maryland resident:

- f. During the past five years, has the applicant or any of its **control affiliates**, to the best of the applicant's current knowledge, made any inaccurate or incorrect statement to a court concerning the residency of a person who was the subject of petition for approval of a transfer of structured settlement payments?

YES NO

If yes, please explain the circumstances:

I hereby certify, upon personal knowledge and under penalty of perjury, that the information provided on this Application to Register as a Structured Settlement Transferee in the State of Maryland is complete, accurate, and true.

I understand that, except with respect to the information sought in Question #6, applicants are under a continuing obligation to notify the Office of the Attorney General of any change to the information provided on this form within 21 days of the change taking effect.

Name of Responsible Person (see Question #3): _____

Title: _____

Signature: _____

Date: _____