



**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. Question #6(a) may be answered using the model spreadsheet provided by the Office of the Attorney General, or the applicant may create a spreadsheet containing the necessary information and email it in electronic form to the email address below.

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 and its accompanying forms, as well as answers to Question #6(d) and Question #6(e), as not subject to public inspection under the Maryland Public Information Act ("MPIA"). *See* Md. Code Ann., Gen. Provs. §§ 4-334, 4-335. The Office of the Attorney General may, however, publish de-identified information derived from answers to Question #6(d) and Question #6(e). The Office of the Attorney General may 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 sought 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 sstadministrator@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.

“**Maryland petition**” means a petition for judicial authorization of a transfer of **structured settlement payment rights** filed in a Maryland court.

“**Maryland third-party transfer**” means a transaction in which a party acquires **structured settlement payment rights** that were the subject of a **Maryland petition**, either directly from the party that filed the **Maryland petition** or in exchange for payment made to the party that filed the **Maryland petition**. “**Maryland third-party transfer**” includes securitization transactions.

“**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 applicant entity was formed).

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.
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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.

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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.
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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**.

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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.

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- 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.

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- 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 Maryland Customers

- a. Using the model spreadsheet provided by the Office of the Attorney General or a spreadsheet created by the applicant, please state:
- (i) the case number for each **Maryland petition** filed by the applicant or any of its **control affiliates** from January 1, 2015 to the present;
 - (ii) the date of filing of each case;
 - (iii) the **discounted present value** of the **structured settlement payments rights** in each case;
 - (iv) the discount rate applicable to the transfer of **structured settlement payment rights** at issue in each case;
 - (v) whether the **structured settlement payment rights** were guaranteed or life contingent; and
 - (vi) whether the petition was authorized, denied, or withdrawn.
- b. For each calendar year beginning in 2015, please state (i) the total number of **Maryland petitions** filed by the applicant or any of its **control affiliates** in which the structured settlement payment rights at issue arose from a claim of lead paint poisoning, and (ii) the total number of such petitions that were granted in each year.
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|-------|-----------|------------|
| 2015: | (i) _____ | (ii) _____ |
| 2016: | (i) _____ | (ii) _____ |
| 2017: | (i) _____ | (ii) _____ |
| 2018: | (i) _____ | (ii) _____ |
| 2019: | (i) _____ | (ii) _____ |

- c. For each calendar year beginning in 2015, (i) please identify any person who provided independent professional advice to the **payee** in 10% or more of the transfers of **structured settlement payment rights** that were the subject of **Maryland petitions** filed by the applicant or any of its **control affiliates** in that year, and (ii) state the number of transfers concerning which each such person provided independent professional advice in each year. If more space is needed to answer, please attach an additional sheet.

2015:

(i) _____	(ii) _____
(i) _____	(ii) _____

2016:

(i) _____	(ii) _____
(i) _____	(ii) _____

2017:

(i) _____	(ii) _____
(i) _____	(ii) _____

2018:

(i) _____	(ii) _____
(i) _____	(ii) _____

2019:

(i) _____	(ii) _____
(i) _____	(ii) _____

For **Question #6(d)** and **Question #6(e)**, please see the definition of **Maryland third-party transfer** set forth in the Definitions above.

- d. For each calendar year beginning in 2015, please state the average (arithmetic mean) discount rate applicable to all **Maryland third-party transfers** of guaranteed (*i.e.*, not life contingent) **structured settlement payment rights** to which the applicant or any of its **control affiliates** were parties, and in which the **discounted present value** of the payment rights at issue was *less than \$100,000*; for securitized transactions, please use as the discount rate the coupon rate of the asset backed security that includes within its asset pool the payment rights at issue.

2015: _____

2016: _____

2017: _____

2018: _____

2019: _____

- e. For each calendar year beginning in 2015, please state the average (arithmetic mean) discount rate applicable to all **Maryland third-party transfers** of guaranteed (*i.e.*, not life contingent) **structured settlement payment rights** to which the applicant or any of its **control affiliates** were parties, and in which the **discounted present value** of the payment rights at issue was *\$100,000 or more*; for securitized transactions, please use as the discount rate the coupon rate of the asset backed security that includes within its asset pool the payment rights at issue.

2015: _____

2016: _____

2017: _____

2018: _____

2019: _____

- f. 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:

- g. 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 customer or potential customer:

- h. 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): _____

Signature: _____

Dated: _____

Title: _____