STATEMENT OF EMPLOYER FORM LIFE SETTLEMENT BROKER SECTION 2137

THIS FORM MUST BE COMPLETED BY THE EMPLOYER

| 1 | | | | | |
|-----|--|--------------------|-------------------|------------|----------|
| | Employee's Name | Date of Birth | Social Se | Security # | |
| 2 | | | | | |
| | | Employee's Address | | | |
| 3 | | | | | |
| | | Employer's Name | | | |
| 4 | | | | | |
| | | Employer's Address | | | |
| 5. | Under what license number was the above employer continually licensed by the Superintendent of Financial Services? | | | | |
| | · | | | License N | lumber |
| 6. | Is/was the above employee regularly employed by the above employer for a period of one year or more year during the last three years in responsible insurance duties relating to the use of life insurance and annuity contracts in the design and administration of plans for estate conservation and distribution, employee benefits and business continuation, and settlements of life insurance and annuity contracts? | | | Yes | No |
| 6a. | end of the use of life insurance and annuity contracts in the design and administration of plans for estate conservation and distribution, employee benefits and business continuation, and settlements of life insurance and annuity contracts for less than one year? | | | | |
| | | | | Yes | No |
| 6b. | If question 6a was answered "Yes," include the dates of employment below | | | | |
| | FROM | то | | | |
| | FROM | то | | | |
| | er penalty or perjury, I affirm that | | nt and the inforr | nation set | forth is |
| 7 | 8 | RE OF EMPLOYER | 9 | | |
| | DATE SIGNATU | RE OF EMPLOYER | TITLE | | |

NOTE: If the employer is a Corporation, Partnership, Limited Liability Company or Insurance Company, this form must be signed by an officer, director or member.

NOTICE TO EMPLOYER

Before completing the statement of employer form and attesting to the employee's experience, please read the following instructions to determine if the employee meets the experience requirements necessary to be exempt from the education requirements as prescribed by Section 2137 of the Insurance Law.

THE EMPLOYEE MUST:

Be regularly employed for a minimum of one full year within the last three years. This employment may be with more than one employer. An employer must be an insurance company, insurance agent, or insurance broker.

Perform responsible insurance duties relating to the involvement in sales, underwriting or claims.

WHEN COMPLETING THE FORM:

Complete all numbers. Do not complete 6a or 6b unless applicable. The form will not be accepted if it is not complete.

If more than one employer is involved, a separate statement from each employer is required.

ATTACH THE FORM TO THE APPLICATION:

After taking the examination, attach the completed Statement of Employer Form to the application; then send us the application.