

CERTIFICATE OF DESIGNATION BY LIFE SETTLEMENT INTERMEDIARY

THIS IS TO CERTIFY that the \_\_\_\_\_  
of \_\_\_\_\_ in the State of \_\_\_\_\_, hereby designates:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Post office or street address)

\_\_\_\_\_  
(City, town or village)

\_\_\_\_\_  
(State and zip code)

as its officer, agent or other person to whom shall be forwarded all lawful process served, pursuant to the Insurance Law of the State of New York, upon the Superintendent of Financial Services of said State, the Superintendent's successors in office, or any deputy superintendent. This designation shall continue in full force and effect until superseded by a new designation.

IN WITNESS WHEREOF, The said \_\_\_\_\_

in accordance with the resolution of its Board of Directors duly passed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ , has to these presents affixed its corporate seal, and caused the same to be subscribed and attested by its President and Secretary, at the City of \_\_\_\_\_, in the State of \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
*President*  
\_\_\_\_\_  
Secretary