



Department of Consumer & Business Services

Insurance Division — 4

P.O. Box 14480, Salem, OR 97309-0405
Phone: 503-947-7982, Fax: 503-378-4351
350 Winter St. NE, Salem, Oregon
insurance.oregon.gov

**Life Settlement
Provider Bond**

_____, principal licensee,
(Name) (Address)

_____, surety, an insurer,
(Name) (Address)

duly authorized to transact surety insurance in the state of Oregon, are bound unto the State of Oregon in the sum of \$100,000. These parties, their successors, and their assigns are jointly and severally bound.

The condition of the foregoing obligation:

The principal holds or has applied for a license to transact the business of a life settlement provider in the State of Oregon.

The Insurance Code and regulations of the state of Oregon require that the principal must furnish either cash, securities, or a bond to the state treasurer to guarantee the faithful performance by the principal of all the principal's transactions in accordance with ORS 744.319 to 744.358 and OAR 836-014-0200 to 836-014-0330.

If the principal faithfully performs all transactions subject to ORS 744.319 to 744.358 and OAR 836-014-0200 to 836-014-0330, this obligation shall be void; otherwise, it shall remain in full force and effect.

The surety has the right to terminate any future liability by giving written notice to the principal and the director of the Department of Consumer and Business Services. The surety shall be discharged from any future liability for any default of the principal occurring after 60 days from the receipt of such notice by the director.

If the principal is a corporation, this bond agreement is to be executed in the corporation's name by its president and attested to by its secretary, and the corporate seal affixed. For the surety, this bond agreement is to be executed in its name by its president and attested to by its secretary, signed by its authorized attorney-in-fact, and its corporate seal affixed.

Dated this _____ day of _____, 20 _____ .

Principal:

By: _____ , _____
(Name) (Indicate president or individual)

SEAL

By: _____ , Corporate secretary (if applicable)
(Name)

Surety:

By: _____ , _____
(Name) (Title)

SEAL

By: _____ , Attorney-in-fact (if applicable)
(Name)

Power of attorney granting authority to an attorney-in-fact executing this bond on behalf of the surety must be attached to this bond form.