

<i>SERFF Tracking Number:</i>	<i>LPTI-127679104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Policy Traders Inc.</i>	<i>State Tracking Number:</i>	<i>49935</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>VS01 Viatical Settlements</i>	<i>Sub-TOI:</i>	<i>VS01.000 Viatical Settlements</i>
<i>Product Name:</i>	<i>Viatical/Life Settlements</i>		
<i>Project Name/Number:</i>	<i>Insured's Spouse Release/</i>		

Filing at a Glance

Company: Life Policy Traders Inc.

Product Name: Viatical/Life Settlements

TOI: VS01 Viatical Settlements

Sub-TOI: VS01.000 Viatical Settlements

Filing Type: Form

SERFF Tr Num: LPTI-127679104

SERFF Status: Closed-Approved-Closed

Co Tr Num:

Author: Edward Johnson

Date Submitted: 10/03/2011

State: Arkansas

State Tr Num: 49935

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/26/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Insured's Spouse Release

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/26/2011

State Status Changed: 10/26/2011

Created By: Edward Johnson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Edward Johnson

Filing Description:

To Whom it May Concern,

On behalf of Life Policy Traders, Inc., I have submitted the company's closing document form LPT-AR-019, "Acknowledgement of Insured and Consent of Insured's Spouse," to be used by the company in connection with Life Settlement Transactions. Please note that this is a new submission, and this form has been added to the forms which were previously approved by your office.

Please feel free to contact me if you have any questions or require any additional information. I can be reached at 973-299-4480. By e-mail I can be reached at ejohnson@lptsettlements.com.

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 TOI: VS01 Viatical Settlements Sub-TOI: VS01.000 Viatical Settlements
 Product Name: Viatical/Life Settlements
 Project Name/Number: Insured's Spouse Release/
 Very truly yours,

Edward Johnson

Company and Contact

Filing Contact Information

Edward Johnson, Chief Operating Officer ejohnson@lptsettlements.com
 48 Water Street 973-299-4480 [Phone]
 Newton, NJ 07960 866-214-8261 [FAX]

Filing Company Information

Life Policy Traders Inc. CoCode: State of Domicile: New Jersey
 48 Water Street Group Code: Company Type: Incorporated
 Newton, NJ 07960 Group Name: State ID Number:
 (973) 299-4480 ext. [Phone] FEIN Number: 20-5723032

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Policy Traders Inc.	\$50.00	10/26/2011	53210158
Life Policy Traders Inc.	\$0.00		

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/26/2011	10/26/2011

Objection Letters and Response Letters

Objection Letters

Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/07/2011	10/07/2011			

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Disposition

Disposition Date: 10/26/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Consent to Release Medical Records	No	No
Supporting Document	Escrow Agreement	No	No
Supporting Document	Physician Statement	No	No
Supporting Document	Power of Attorney	No	No
Form	Acknowledgement of Insured and Consent of Insured's Spouse	Yes	Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/07/2011
Submitted Date	10/07/2011
Respond By Date	11/07/2011

Dear Edward Johnson,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$50.00 is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird



Life Policy Traders, Inc
48 Water Street
Newton, NJ 07860
Tel: 973-299-4480
Fax: 866-214-8261
Email: info@lifepolicytraders.com

ACKNOWLEDGMENT OF INSURED AND CONSENT OF INSURED'S SPOUSE

This Acknowledgment of Insured and Consent of Insured's Spouse is hereby executed by
«M_20_Insured_1_First_Name» «M_21_Insured_1_Last_Name» (the "Insured") and, if applicable,
_____, the Insured's spouse (the "Spouse").

The Insured hereby acknowledges that:

- the Insured is not married; or
the Insured is married and the Spouse is his or her spouse.

If the Insured is married, the Spouse hereby acknowledges that «M_2_Seller_1_Full_Name» (the "Seller) owns
the life insurance policy insuring the life of his or her spouse, the Insured, bearing policy number
«M_44_Policy_Numb» (the "Policy") and the Seller has entered into the Life Settlement Purchase Agreement for
the Purchase and Sale of a Life Insurance Policy dated _____ (the "Contract") with Wharton Capital
Advisors Corp. (the "Provider"), pursuant to which Seller has agreed to sell and transfer to Provider the ownership
of the Policy and to change the beneficiary designation of such Policy to Provider or successor or assignee as
Provider may designate. Accordingly, the undersigned Spouse acknowledges on his/her own behalf as follows:

- I have read, understand and approve of the Contract.
I understand that, under the Contract, Provider will purchase the ownership of the Policy insuring the life
of my spouse, the Insured.
I hereby irrevocably consent to any such sale of the Policy by the Seller, approve the provisions of the
Contract and the transactions contemplated under the Contract, and agree that my spouse's interests and my
interests in the Policy are subject to the terms of the Contract, and that I will take no action at any time to delay,
hinder or prevent the consummation of the Contract or the transaction contemplated thereby, which I understand
and agree will extinguish my interests, if any, in the Policy.

Dated: _____, 20__.

[Redacted signature area]

Signature of Insured

Print Name: _____

State of _____

County of: _____

} ss

Subscribed and affirmed to before me this ___ day of _____, 20__.

[Redacted signature area]

(Signature of Notary Public)

(Seal)

My commission expires: _____

Signature of Insured's Spouse

Print Name: _____

State of _____

County of: _____

} **SS**

Subscribed and affirmed to before me this ____ day of _____, 20 ____.

(Signature of Notary Public)

(Seal)

My commission expires: _____

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Supporting Document Schedules

Item Status:

Status

Date:

Bypassed - Item: Consent to Release Medical
Records

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Bypassed - Item: Escrow Agreement

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Bypassed - Item: Physician Statement

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Bypassed - Item: Power of Attorney

Bypass Reason: N/A

Comments: