

Viatical Settlement Broker Report

Calendar year

20_____

Viatical Settlement Broker's Name _____

All States and Territories

	1	2	3	4	5	6	7			1	2	3	4	5	6	7
States	Are you doing business in this state? (Y/N)	Total number of policies reviewed for consideration	Total number of policies represented for viatication	Total number of policies where representation was refused	Total number of policies sold to a provider	Aggregate net death benefit viaticated	Aggregate net amount paid to viators	States	Are you doing business in this state? (Y/N)	Total number of policies reviewed for consideration	Total number of policies represented for viatication	Total number of policies where representation was refused	Total number of policies sold to a provider	Aggregate net death benefit viaticated	Aggregate net amount paid to viators	
Alabama								New Jersey								
Alaska								New Mexico								
Arizona								New York								
Arkansas								North Carolina								
California								North Dakota								
Colorado								Ohio								
Connecticut								Oklahoma								
Delaware								Oregon								
Dist. of Columbia								Pennsylvania								
Florida								Rhode Island								
Georgia								South Carolina								
Hawaii								South Dakota								
Idaho								Tennessee								
Illinois								Texas								
Indiana								Utah								
Iowa								Vermont								
Kansas								Virginia								
Kentucky								Washington								
Louisiana								West Virginia								
Maine								Wisconsin								
Maryland								Wyoming								
Massachusetts								American Samoa								
Michigan								Guam								
Minnesota								Puerto Rico								
Mississippi								U.S. Virgin Islands								
Missouri								Canada								
Montana																
Nebraska																
Nevada																
New Hampshire								Totals								

VSB 001 Initials of preparer: _____



Monica J. Lindeen

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Montana State Auditor
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Viatical Settlement Broker Reporting All States and Territories Instructions

NOTE: This form must be accompanied by "Viatical Settlement Provider/Broker Certification Form."

1. Indicate (Y or N) to all the states and territories where you are currently doing business.
2. Indicate the total number of policies you reviewed for consideration for that state or territory.
3. Indicate the total number of policies you represented for viatication in that state or territory.
4. Indicate the total number of policies you refused to represent for that state or territory.
5. Total number of policies sold to a provider.
6. List the total aggregate net amount of the policies you transacted for viatication in that state or territory.
7. Regarding transaction where you functioned as a broker, list the total aggregate net amount paid to viators in that state or territory.

VSF 001 Instructions Initials of preparer: _____

Viatical Settlement Broker Report

Calendar year
20_____

Viatical Settlement Broker's Name _____

[State] Viator's Only

1	2	3	4	5	6
Viatical settlement provider's settlement number	Contract date sold to viatical settlement provider	Total net death benefit (\$)	Net amount paid to viator (\$)	Commission amount (\$)	Viatical settlement provider's name

VSB 002 Initials of preparer: _____



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Viatical Settlement Broker Reporting [State] Viator's Only Instructions

NOTE: This form must be accompanied by "Viatical Settlement Provider/Broker Certification Form."

1. List the settlement number, case number, or unique identifying number used by the Viatical Settlement Provider to identify the specific viatical settlement transaction.
2. List the date sold of the viatical settlement contract to the Viatical Settlement Provider.
3. List the total net death benefit.
4. List the net amount (in dollars) paid to the viator.
5. List the amount of commissions (in dollars) paid to all viatical settlement brokers involved in the transaction.
6. List the name of the Viatical Settlement Provider involved in the viatical settlement transaction.

VS B 002 Instructions Initials of preparer: _____

Viatical Settlement Provider/Broker Certification Form

This section should be completed by Viatical Settlement Providers.

Please check all forms submitted:

- Viatical Settlement Provider Reporting Form - All States and Territories (VSP 001)
- Viatical Settlement Provider Reporting Form - [State] Viators Only (VSP 002)
- Individual Mortality Report - [State] Insureds Only (VSP 003)

I hereby certify that the information contained in the reports indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the commissioner and potentially, applicable criminal penalties.

Signature of individual that prepared reports

Date: ____/____/____

Print or type name

Signature of Authorized Representative

Date: ____/____/____

Print or type name

This section should be completed by Viatical Settlement Brokers.

Please check all forms submitted:

- Viatical Settlement Broker Reporting Form - [All States and Territories] (VSB 001)
- Viatical Settlement Provider Reporting Form - [State] Viators Only (VSB 002)

I hereby certify that the information contained in the reports VSB 001, VSB 002 and VSPB 001 indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the commissioner and potentially, applicable criminal penalties.

Signature of individual that prepared reports

Date: ____/____/____

Print or type name

Signature of Authorized Representative

Date: ____/____/____

Print or type name

VSPB 001