VIATICAL SETTLEMENT ANNUAL STATEMENT
For the year ended December 31, 20__

Licensee _____

Address_____

_____

Manager _____

License Number _____ Telephone No._(___)_____

NOTE **All information provided in this report must be limited to only those Transactions where the viator is a resident of Minnesota.**

Number of primary market transactions _____

Number of secondary market transactions _____

Portfolio size _____

Amount of outside borrowings _____

Provide the indicated information for each policy viaticated.

Contract date	Viator's life expectancy at time of contract	Face amount of policy	Amount licensee paid to viaticate the policy	Viator's date of death (if applicable)	If viator has died, total premiums paid by licensee to maintain policy in force

Attach additional sheet(s) if necessary.

Provide a breakdown by disease category or applications received, accepted, and rejected.

Disease category	Number of applications received	Number of applications accepted	Number of applications rejected

Attach additional sheet(s) if necessary.

Provide a breakdown of policies viaticated by issuer.

Issuer	Number of policies viaticated

Attach additional sheet(s) if necessary.

Provide a breakdown of policies viaticated by policy type.

Policy type	Number of policies viaticated

Attach additional sheet(s) if necessary.

Please note that individual transaction data regarding the business of viatical settlements or data that could compromise the privacy of personal, financial, and health information of a viator or insured must be filed with the Department of Commerce on a confidential basis.

This affidavit must be executed, if a corporation, but a duly authorized officer of such corporation, or by a partner, if a partnership.

AFFIDAVIT

State of _____

County of _____

I, _____ of the _____
Swear (or affirm) that to the best of my knowledge and belief, the figures contained in this report (4 pages) are true, and that the same is a true and complete statement in accordance with the law.

Signed_____

Subscribed and sworn to before me, a Notary Public, this _____ day of _____,
_____.

_____
Notary Public Signature
NOTARY SEAL

State of _____
County of _____
My Commission Expires _____