



**OFFICE OF INSURANCE REGULATION**  
*Bureau of Specialty Insurers*

VIATICAL SETTLEMENT PROVIDER  
LICENSE NUMBER (VSPN) \_\_\_\_\_

## **VIATICAL SETTLEMENT PROVIDER ANNUAL REPORT**

**OF**

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**(NAME OF VIATICAL SETTLEMENT PROVIDER)**

**TO THE**

**THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES,  
OFFICE OF INSURANCE REGULATION**

**FOR THE YEAR ENDED**

**DECEMBER 31, \_\_\_\_\_**

mail to:  
Florida Office of Insurance Regulation  
Bureau of Specialty Insurers  
200 East Gaines Street  
Tallahassee, FL 32399-0331

**\*\* GENERAL INSTRUCTIONS \*\***

1. This report and required fees must be received by the Office annually by March 1. The license fee must be mailed under separate cover to the address indicated on the attached invoice.
2. Type or print in ink all responses. Annual reports must be filed on official Office forms or other forms determined by the Office to be substantially identical in all material respects to official Office forms.
3. Respond fully to each item. Reports containing blank lines or unanswered questions may be deemed incomplete. Reply with None, Not Applicable, n/a, or 0, as applicable.
4. Attach and clearly identify and cross reference any supporting documentation or schedules which may be necessary to fully respond to particular report items.
5. Individual viators should not be identified by name in this report.
6. Name of person completing this report:

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF EACH LICENSED PROVIDER TO COMPLY WITH APPLICABLE STATUTES AND REGULATIONS AT ALL TIMES. SHOULD ANY QUESTIONS OF COMPLIANCE EXIST, PLEASE CONTACT THE BUREAU OF SPECIALTY INSURERS IN THE FLORIDA OFFICE OF INSURANCE REGULATION.**

## **ATTESTATION INSTRUCTIONS**

### **ATTESTATIONS SUBMITTED MUST BE ORIGINALS. COPIES ARE NOT ACCEPTABLE.**

1. This report must be attested to by the following, based upon organizational structure of the provider:
  - A. If the provider is an individual, the report must be attested to by that individual.
  - B. If the provider is a corporation, the report must be attested to by both its President and Secretary.
  - C. If the provider is a limited partnership, the report must be attested to by the general partner(s).
  - D. If the provider is a general partnership, the report must be attested to by all of the partners owning a greater than 5% interest.
  - E. If the provider is a trust, the report must be attested to by all trustees and officers.

# Annual Report

Name of Viatical Settlement Provider: \_\_\_\_\_

Street Address: \_\_\_\_\_

City of: \_\_\_\_\_ County of: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Provider s Federal Employer Identification Number: \_\_\_\_\_

As an individual responsible for conducting the affairs of the above named viatical settlement provider licensed to transact business in the State of Florida, I am familiar with the laws of Florida relating to viatical settlement providers and do hereby certify under the penalty of perjury pursuant to Section 837.06, F.S., that the information reported herein is a true and correct reporting of the requested information. This report is submitted in compliance with Section 626.9913(2) of the Florida Statutes.

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

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

Sworn To and Subscribed before Me

Sworn To and Subscribed before Me

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

(Signature of Notary Public)

(Signature of Notary Public)

Personally known to me  
Produced Identification

Personally known to me  
Produced Identification

(Type of identification produced)

(Type of identification produced)

(Seal)

(Seal)

## Interrogatories

1. Has there been any change in the provider's name, organizational structure or status, Charter, Articles of Incorporation, By Laws, Partnership Agreement, affiliations, officers, directors, members, owners, stockholders or location of books and records since the latter of the date of application or the last Annual Report was filed with this Office?  Yes  No

If there has been a change, has complete documentation been filed with the Office (i.e., amendments, biographical affidavits, character reports, fingerprint cards)  Yes  No  N/A

If there has been a change and complete documentation was not provided to the Office, attach complete documentation.

2. Has any officer, director, member, stockholder, or employee of the provider been the subject of any administrative or judicial proceeding, had any license denied, suspended or revoked, been arrested, indicted, convicted, or pled nolo contendere to any criminal or civil action other than a minor traffic violation, or had a lien, judgment or foreclosure action filed against him or her since the latter of the date of application or the last Annual Report was filed with this Office?  Yes  No

If so, attach a detailed explanation sufficient to disclose all relevant details of the matter, to include its final disposition.

3. Has the Provider been involved in any legal actions, civil suits, criminal proceedings, or had a license denied, suspended or revoked by any government agency or regulatory body since the latter of the date of application or the last Annual Report was filed with this Office?  Yes  No

If so, attach a detailed explanation sufficient to disclose all relevant details of the matter, to include its final disposition.

4. During the reporting year has the provider received any complaints from viators alleging that the escrow agent or third party trustee did not disburse the viatical settlement within three business days of receiving notification that the change in ownership or beneficial interest had been effected?  Yes  No

If yes, attach a list of such complaints, including the viatical settlement number (VSN), policy face amount, settlement amount, contract date, date of insurer notification, and date funds were released to the viator. Describe what actions the provider took to correct the situation and prevent its recurrence. If the settlement funds are yet unpaid, include an explanation for the delay and anticipated payment date.

## Supporting Documents

5. Complete and submit the following schedules as of the close of business on December 31:
  - a. Schedule A - a list of all individuals responsible for the conduct of the provider's affairs, including but not limited to officers, directors and owners.
  - b. Schedule B - an aged schedule of all unsettled viatical contracts.
  - c. Schedule C - a summary of viatical settlements paid by year for the last five years.
  - d. Schedule D - a summary of viatical settlement transactions, allocated by State and Territory.
6. Attach a copy of the bank statement which evidences the balance of the escrow account in which viatical settlement funds are escrowed as of December 31, together with a reconciliation to the balance as reflected on the provider's records.
7. Provide a description of the securities currently on deposit with the Office to meet statutory deposit requirements, including the amount, type and maturity dates.
8. If the provider uses a surety bond to meet part of the deposit requirements of § 626.9913, F.S., provide evidence from the surety company that the surety bond will remain in force throughout the year following the report year.
9. If the provider is licensed to operate as a Viatical Settlement Provider or Broker in any state other than Florida, attach a list of those States and the type of license held.

**SCHEDULE A - LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL**

List the name, title, percentage of ownership interest, business address and residence address of each individual who is responsible for the conduct of the provider's affairs or has the ability to exercise significant control over the provider, including but not limited to officers, directors, trustees, partners, shareholders holding a 10 percent or greater interest in the provider, and key personnel. Place an asterisk next to the name of any individual not reported on the most recent report or application (whichever occurred last). Attach additional sheets as necessary.

Name	Title	Percentage of ownership (if any)	Business Address	Residence Address

**SCHEDULE B - AGED SCHEDULE OF UNSETTLED VIATICAL CONTRACTS**

Provide, as of December 31, an aging analysis for all outstanding viatical settlement contracts that have been executed by viators.

DAYS SINCE EXECUTION BY VIATOR	DOLLAR VALUE
Executed less than 30 Days	
Executed 30 to 59 days	
Executed 60 to 89 days	
Executed 90 to 119 days	
Executed 120 to 149 days	
Executed 150 to 179 days	
Executed 180 or more days	
TOTAL	

**SCHEDULE C - SETTLEMENTS PAID**

(Most recent five years, beginning with this reporting year)

YEAR	TOTAL NUMBER OF POLICIES PURCHASED (Quantity)	TOTAL SETTLEMENTS PAID FOR POLICIES PURCHASED (Dollars)	TOTAL FACE VALUE OF PURCHASED POLICIES (Dollars)
20____			
20____			
20____			
20____			
20____			



**SCHEDULE D - SETTLEMENTS PAID - ALLOCATED BY STATE OR TERRITORY**

VIATOR'S STATE OF RESIDENCE	NUMBER OF VIATICAL SETTLEMENTS	TOTAL SETTLEMENTS PAID (Dollars)	TOTAL FACE VALUE OF POLICIES FOR WHICH A SETTLEMENT WAS PAID
Alabama			
Alaska			
Arizona			
Arkansas			
California			
Colorado			
Connecticut			
Delaware			
District of Columbia			
Florida			
Georgia			
Hawaii			
Idaho			
Illinois			
Indiana			
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine			
Maryland			
Massachusetts			
Michigan			
Minnesota			
Mississippi			
Missouri			
Montana			
Nebraska			
Nevada			
New Hampshire			
New Jersey			
New Mexico			
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma			
Oregon			
Pennsylvania			
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas			
Utah			
Vermont			
Virginia			
Washington			

VSPN

YEAR ENDING  
DECEMBER 31, \_\_\_\_\_

VIATOR'S STATE OF RESIDENCE	NUMBER OF VIATICAL SETTLEMENTS	TOTAL SETTLEMENTS PAID (Dollars)	TOTAL FACE VALUE OF POLICIES FOR WHICH A SETTLEMENT WAS PAID
West Virginia			
Wisconsin			
Wyoming			
American Samoa			
Guam			
Puerto Rico			
US Virgin Islands			
Canada			
Mexico			
Other Alien (Provide List)			
TOTALS			

**INVOICE**

**Florida Department of Financial Services  
Office of Insurance Regulation  
Annual License Fee**

Name of Licensed Entity: \_\_\_\_\_

FEIN: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

**The original of this form must be returned with the fee payment.**

PLEASE NOTE:

1. Make the check payable to the Florida Department of Financial Services.
2. Mail this invoice and a check in the amount indicated below to:  
 Florida Department of Financial Services  
 Bureau of Financial and Support Services  
 P.O. Box 6100  
 Tallahassee, FL 32301
3. Send a **copy** of the check and a **copy** of this invoice with your Annual Report, to:  
 Office of Insurance Regulation  
 Bureau of Specialty Insurers  
 200 East Gaines Street  
 Tallahassee, FL 32399-0331

RECEIPT NUMBER	F/T	AMOUNT	TYPE	CLASS	B/T
	L	\$500.00	12	16	C