

**LIFE SETTLEMENT PROVIDER
ANNUAL STATEMENT**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873
Telephone (608) 266-3586

Ref: Sections 632.69 (2) (k) and 632.69 (6), Wis. Stat.

INSTRUCTIONS: This annual statement is required for licensed Life Settlement Providers by March 1, for the preceding calendar year. Mail completed report to the above address. If you have questions, please contact ocifinancial@wisconsin.gov. Failure to file this report when due may result in license suspension, revocation, or nonrenewal and forfeiture. Blank forms are available at: oci.wi.gov. The Office of the Commissioner of Insurance does not send reminders or notices.

Name/Mailing Address of the Principal Office of the Life Settlement Provider:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Provider's Contact Person:

Name _____

E-Mail Address _____ Phone _____

For the Year Ended December 31, _____

For all life settlement transactions where the owner was a Wisconsin resident:

1. Total number of policies settled: _____

Breakdown by policy issue year:

Policy Issue year	Number of Policies

2. Aggregate face value of policies settled: \$ _____

Breakdown by policy issue year:

Policy Issue year	Face Value

3. Life settlement proceeds \$ _____

Breakdown by policy issue year:

Policy Issue year	Life Settlement Proceeds

4. List all insurers whose contracts were settled:

5. List all brokers involved in settling policies:

Broker Name	Wisconsin Life Settlement Broker License No.

OFFICER'S CERTIFICATION

(To be completed by Chief Executive Officer or Chief Financial Officer or equivalent)

I have read and knowingly made the foregoing statements and representations and certify that each statement and representation is true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this annual statement may be cause for revocation or suspension of a license issued or may be cause for denial of application in addition to any other actions or penalties or both.

Further, I certify under penalty of perjury that the provider is not delinquent in court ordered payments of child or family support, maintenance, birth expenses, medical expenses, or other expenses related to the support of a child or former spouse, and the applicant has not failed to comply with a subpoena or warrant issued by the Department of Children and Families or a county child support agency under s. 59.53 (5), Wis. Stat.

I also certify under penalty of perjury that the applicant is not liable to the Department of Revenue for delinquent taxes.

Signature	Title
Name (Please Print)	Date