

## LIFE SETTLEMENT PROVIDER ANNUAL STATEMENT

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.

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Name	/Mailing Address of the Principal O	ffice of the Life Settle	ement Provider:				
N	ame						
М	ailing Address						
С	ityState	Zip	Phone				
Provid	ler's Contact Person:						
N	ame						
E	mail Address			Phone			
		For the Year En	ided December 3	31,			
For all	life settlement transactions who	ere the owner was a	a Wisconsin resi	dent:			
1.	Total number of policies settled:						
	Breakdown by policy issue year:	Policy Issue year	Number of Policies				
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2.	Aggregate face value of policies	settled: \$					
	Breakdown by policy issue year:	Policy Issue year	Face Value				
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	Breakdown by policy issue year:	Policy Issue year	Life Settlemen Proceeds	t			
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4.	List all insurers whose contracts were settled:						
5.	List all brokers involved in settling policies:						
	Broker Name			onsin Life Settlement oker License No.			
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3. Life settlement proceeds \$\_\_\_\_\_

## 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