



Department of Consumer and Business Services

Insurance Division

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Life Settlement Provider
Annual Statement

For the year ended Dec. 31, \_\_\_\_\_
of the condition and affairs of the

Oregon license number: \_\_\_\_\_ FEIN: \_\_\_\_\_ Organized under the laws of the state of \_\_\_\_\_
Incorporated: \_\_\_\_\_ Commenced business: \_\_\_\_\_
Home office: \_\_\_\_\_ (Street and number), \_\_\_\_\_ (City or town, state, and ZIP code)
Main office/primary location: \_\_\_\_\_ (Street and number)
(City or town, state, and ZIP code), \_\_\_\_\_ (Telephone number)
Mail address: \_\_\_\_\_ (Street and number), \_\_\_\_\_ (City or town, state, and ZIP code)
Internet website address: \_\_\_\_\_
Annual statement contact: \_\_\_\_\_ (Name), \_\_\_\_\_ (Telephone number)
(E-mail address), \_\_\_\_\_ (Fax number)

OFFICERS

President: \_\_\_\_\_ Vice presidents: \_\_\_\_\_
Secretary: \_\_\_\_\_
Treasurer: \_\_\_\_\_
Actuary: \_\_\_\_\_

DIRECTORS OR TRUSTEES

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

State of: \_\_\_\_\_ ss
County of: \_\_\_\_\_

The officers of this reporting entity being duly sworn, each for himself/herself deposes and says that they are the described officers of said entity, and that on the 31st day of December last, all of the herein described assets were the absolute property of the said entity, free and clear from any liens or claims thereon, except as herein stated, and that this annual statement, together with related schedules and explanations therein contained, annexed, or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said entity as of the 31st of December last, and of its income and deductions there from for the year ended on that date, according to the best of their information, knowledge, and belief, respectively.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
President Secretary Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature: \_\_\_\_\_

- a. Is this an original filing? [ ] Yes [ ] No
b. If no:
1. State the amendment number: \_\_\_\_\_
2. Date filed: \_\_\_\_\_
3. Number of pages attached: \_\_\_\_\_

**ASSETS**

		1 Current Year	2 Prior Year
1.	Cash in office and on deposit		
2.	Viatica in escrow or trust accounts		
3.	Receivable – Matured Policies		
4.	Bonds		
5.	Stocks		
	5.1 Preferred Stocks		
	5.2 Common Stocks		
6.	Mortgage loans on real estate		
7.	Real Estate		
	7.1 Properties occupied by the company (less \$           encumbrances)		
	7.2 Investment real estate (less \$           encumbrances)		
8.	Short-term investments		
9.	Cost of purchased insurance policies		
	9.1 Cost of policies (face value of \$           )		
	9.2 Other costs associated with purchase of policies		
10.	Investment income due and accrued		
11.	Federal income tax recoverable		
12.	Receivable from parent, subsidiaries, and affiliates		
13.	Furniture and equipment		
14.	Aggregate write-ins for other assets (Item 1499)		
15.	Total assets (Items 1 through 4)		
	<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER ASSETS</b>		
1401.			
1402.			
1403.			
1404.			
1405.			
1498.	Summary of remaining items for Item 14 from overflow page		
1499	Totals (Items 1401 through 1405 plus Item 1498) (Line 14 above)		

**LIABILITIES AND STOCKHOLDER'S OR OWNER'S EQUITY**

		1 Current Year	2 Prior Year
1.	Insurance premiums payable		
2.	Life settlement contracts payable		
3.	Commissions to brokers due or accrued		
4.	General expenses due or accrued		
5.	Taxes, licenses, and fees due or accrued, excluding FIT		
6.	Federal income tax due or accrued, including \$ _____ on capital gains		
7.	Amounts withheld or retained by company as agent or trustee		
8.	Amount held for brokers' account		
9.	Remittances and items not allocated		
10.	Liability for benefits for employees and brokers if not included above		
11.	Borrowed money		
12.	Payable to parent, subsidiaries and affiliates		
13.	Aggregate write-ins for other liabilities (Item 1399)		
14.	Total liabilities (Lines 1 through 13)		
15.	Capital stock		
16.	Paid-in capital		
17.	Owner's or partners' capital		
18.	Retained earnings		
19.	Total stockholder's or owner's equity (Lines 15 through 18)		
20.	Total liabilities and equity (Lines 14 and 19) (Page 2, Line 15)		
	<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER LIABILITIES</b>		
1301.			
1302.			
1303.			
1304.			
1305.			
1398.	Summary of remaining items for Item 13 from overflow page		
1399.	Totals (Items 1301 through 1305 plus Item 1398) (Line 13 above)		

**SUMMARY OF OPERATIONS**

		1 Current Year	2 Prior Year
	<b>INCOME STATEMENT (excluding Unrealized Capital Gains &amp; Losses)</b>		
1.	Revenues from matured insurance policies		
2.	Revenues from insurance policies sold prior to maturity (Schedule 2, Total Column 6)		
3.	Net investment income		
4.	Dividends from insurers		
5.	Aggregate write-ins for miscellaneous income (Item 0599)		
6.	Totals (Items 1 through 5)		
7.	Viatical settlement cost and expenses		
8.	Insurance premiums		
9.	Interest expense		
10.	Compensation to brokers		
11.	General expenses		
12.	Insurance taxes, licenses, fees, excluding FIT		
13.	Aggregate write-ins for miscellaneous expenses (Item 1399)		
14.	Totals (Item 7 through 13)		
15.	Net gain from operations before FIT (Item 6 minus Item 14)		
16.	Federal income taxes incurred		
17.	Net gain from operations after FIT and before gains/(losses) (Item 15 minus Item 16)		
18.	Gains or (losses) on disposal of investments		
19.	Net income (Item 17 plus Item 18)		
	<b>RETAINED EARNINGS STATEMENT</b>		
20.	Retained earnings, Dec. 31, previous year		
21.	Net income (Item 19)		
22.	Dividends to stockholders		
23.	Withdrawals by owner or partners		
24.	Aggregate write-ins for gains and losses (Item 2499)		
25.	Net change in retained earnings for the year (Items 21 to 24)		
26.	Retained earnings, Dec. 31, current year (Items 20 through 25)		
	<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 5 FOR MISC. INCOME</b>		
0501.			
0502.			
0503.			
0504.			
0598.	Summary of remaining Items for Item 13 from overflow page		
0599.	Totals (Items 0501 through 0504 plus Item 0598) (Item 5 above)		
	<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR MISC.</b>		
1301.			
1302.			
1303.			
1304.			
1398.	Summary of remaining items for Item 13 from overflow page		
	<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR GAINS/LOSSES</b>		
2401.			
2402.			
2403.			
2404.			
2498.	Summary of remaining items for Item 24 from overflow page		
2499.	Total (Items 2401 through 2404 plus Item 2498) (Item 24 above)		

**CASH FLOW**

		1 Current Year	2 Prior Year
1.	Revenues from matured insurance policies		
2.	Revenues from insurance policies sold prior to maturity		
3.	Interest income received		
4.	Dividends received from insurers		
5.	Other income received		
6.	Totals (Items 1 through 5)		
7.	Life settlements paid		
8.	Insurance premiums paid		
9.	Broker compensation, other expenses, and taxes paid (excluding FIT)		
10.	Federal income taxes paid (excluding tax on capital gains)		
11.	Totals (Items 7 through 10)		
12.	Net cash from operations (Item 6 minus Item 11)		
13.	Proceeds from investments sold, matured or repaid:		
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Net gains or (losses) on cash and short-term investments		
	13.6 Miscellaneous proceeds		
	13.7 Total investment proceeds (Items 13.1 through 13.6)		
14.	Tax on capital gains		
15.	Totals (Item 13.7 minus Item 14)		
16.	Other cash provided:		
	16.1 Capital paid in or owner's/partners' contributions		
	16.2 Borrowed money \$            less amounts repaid \$		
	16.3 Other sources		
	16.4 Total other cash provided (Items 16.1 through 16.3)		
17.	Totals (Item 12 plus Item 15 plus Item 16.4)		
18.	Cost of investments acquired (long-term only):		
	18.1 Bonds		
	18.2 Stocks		
	18.3 Mortgage loans		
	18.4 Real estate		
	18.5 Miscellaneous applications		
	18.6 Total investments acquired (Items 18.1 through 18.5)		
19.	Dividends paid to owner, partners, or stockholders		
20.	Other cash applied		
21.	Totals (Items 18.6 through 20)		
22.	Net change in cash and short-term investments (Item 17 minus Item 21)		
	RECONCILIATION		
23.	Cash and short-term investments:		
	23.1 Beginning of year		
	23.2 End of year (Item 22 plus Item 23.1)		











**SCHEDULE 6 – Settlements Paid – Allocated by States and Territories**

	Viator's State of Residence		Is Company Licensed? (Yes or No)	Settlements Paid
1.	Alabama	AL		
2.	Alaska	AK		
3.	Arizona	AZ		
4.	Arkansas	AR		
5.	California	CA		
6.	Colorado	CO		
7.	Connecticut	CT		
8.	Delaware	DE		
9.	District of Columbia	DC		
10.	Florida	FL		
11.	Georgia	GA		
12.	Hawaii	HI		
13.	Idaho	ID		
14.	Illinois	IL		
15.	Indiana	IN		
16.	Iowa	IA		
17.	Kansas	KS		
18.	Kentucky	KY		
19.	Louisiana	LA		
20.	Maine	ME		
21.	Maryland	MD		
22.	Massachusetts	MA		
23.	Michigan	MI		
24.	Minnesota	MN		
25.	Mississippi	MS		
26.	Missouri	MO		
27.	Montana	MT		
28.	Nebraska	NE		
29.	Nevada	NV		
30.	New Hampshire	NH		
31.	New Jersey	NJ		
32.	New Mexico	NM		
33.	New York	NY		
34.	North Carolina	NC		
35.	North Dakota	ND		
36.	Ohio	OH		
37.	Oklahoma	OK		
38.	Oregon	OR		
39.	Pennsylvania	PA		
40.	Rhode Island	RI		
41.	South Carolina	SC		
42.	South Dakota	SD		
43.	Tennessee	TN		
44.	Texas	TX		
45.	Utah	UT		
46.	Vermont	VT		
47.	Virginia	VA		
48.	Washington	WA		
49.	West Virginia	WV		
50.	Wisconsin	WI		
51.	Wyoming	WY		
52.	American Samoa	AS		
53.	Guam	GU		
54.	Puerto Rico	PR		
55.	U.S. Virgin Islands	VI		
56.	Canada	CN		
57.	Aggregate write-ins for Other Alien	OT	XXX	
58.	Total		XXX	

**GENERAL INTERROGATORIES**

1. (a) Is the company affiliated or owned by another entity, one or more of which is an insurer? Yes  No   
 (b) Is the company or its parent publicly traded? Yes  No   
 (c) If yes, ticker symbol \_\_\_\_\_

2. For both publicly traded and privately held companies, provide a chart or list the names and addresses of the parent and affiliated companies.

**3. CAPITAL STOCK OF THIS COMPANY**

1. Class	2. Number of Shares Authorized	3. Number of Shares Outstanding	4. Par Value Per Share	5. Redemption Price if Stock is Callable	6. Is Dividend Rate Limited?	7. Are Dividends Cumulative?
Preferred					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Common					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Did any person while an officer, partner, director or trustee receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the company? Yes  No

5. Does the company have an established procedure for disclosure to its board of directors or trustees of any material interest of affiliation on the part of any of its officers, directors, trustees, or responsible employees which is in or is likely to conflict with the official duties of such person? Yes  No

6. (a) How often is the company audited by an independent accountant? \_\_\_\_\_

(b) Name and address of independent accountant \_\_\_\_\_

7. (a) Does the company currently hire or retain the services of an actuary? Yes  No

(b) If so, give the name and business address of the actuary \_\_\_\_\_

8. What officials and heads of departments of the company supervised the making of this report?  
 \_\_\_\_\_

9. (a) Has any direct new business been solicited or settled in any state where the company was required to be licensed and was not licensed? Yes  No

(b) If yes, explain \_\_\_\_\_

**OVERFLOW PAGE FOR WRITE-INS**