



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Financial Conditions Division

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 Financial Conditions
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Viatical Settlement Provider Reporting Requirements

6.1. On or before March 1 of each year, each licensed provider shall make an annual report of all viatical settlement transactions in which the viators are currently residents of this state or were residents at the time the contract was initiated. Relocation out of state by a viator does not relieve the licensed provider from reporting transaction activities for such viator. The report shall contain the following information for the previous calendar year:

a. For **each** viatical settlement entered into during the reporting period:

Date of Contract: _____ Viator's state of residence at the time of contract: _____

Life expectancy of the insured at the time of contract in months: _____

Face amount of policy viaticated: \$ _____ Net death benefit viaticated: \$ _____

Estimated total premiums to keep policy in force for mean life expectancy: \$ _____

Net amount paid to viator: \$ _____

Source of Policy: Broker _____ Direct Purchase _____
 Purchased from individual or entity other than the original viator: _____

Type of Coverage: Individual _____ Group _____

Was the viatical settlement entered into during the policy's contestable or suicide period, or both: _____

Classification of the viator's or insured's diseases or injuries:

| | | | |
|---|-------|---|-------|
| Cardiovascular diseases | _____ | Diseases of the central nervous system | _____ |
| Diseases of the peripheral nervous system | _____ | Elders with nonspecific disease processes | _____ |
| Infectious diseases and autoimmune diseases | _____ | Liver and renal diseases | _____ |
| Neoplasms | _____ | Non-neoplastic pulmonary diseases | _____ |

Type of Funding for Viatical Settlements:

Purchaser: _____ Licensee: _____ Accredited Investor: _____
 Financing Entity: _____ Special Purpose Entity: _____ Related Provider Trust: _____

Rating of insurer that issued the policy at the time the policy was viaticated: _____



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b. In addition to the requirements stated in subdivision a of this subsection, when death has occurred the following information should also be provided:

Net death benefit collected: \$ _____

Total of Premiums paid to maintain the policy: \$ _____ Date of Death: _____

Difference between the number of months that passed between the date of contract and the date of death and the mean life expectancy in months: _____

Type of Coverage: Individual: _____ Group: _____

Was the viatical settlement entered into during the policy's contestable or suicide period, or both: _____

Name and address of each viatical settlement broker through whom the reporting provider purchased a policy from a viator who resided in this state at the time of contract:

| | |
|----------|----------|
| Name: | Name: |
| Address: | Address: |

Attach additional sheets if needed

Number of policies purchased from an individual or entity other than the original viator as a percentage of total policies purchased: _____