

ATTACHMENT B:
Vermont Insurance Regulation 95-4: Viatical Settlements

Viatical Settlement Provider Annual Report

Each viatical settlement provider licensed in the state of Vermont must submit this report to the Commissioner of Banking, Insurance & Securities not later than March 31 of each calendar year.

Name of Licensed Viatical Settlement Provider: _____

Calendar Year Covered: _____ (If the Viatical Settlement Provider has been licensed for less than the full calendar year, please show the date of licensing, e.g. 6/1/96 to 12/31/96.)

Name, Address and Telephone No. of Contact person for this Report:

Part A: Statistical Information

1. Number of applications received, viaticated and rejected:

	Number	ADI/HIV Related	Cancer Related	Other Illnesses/Conditions
Applications Viaticated				
Applications Rejected				
Applications Pending				
Total Applications				

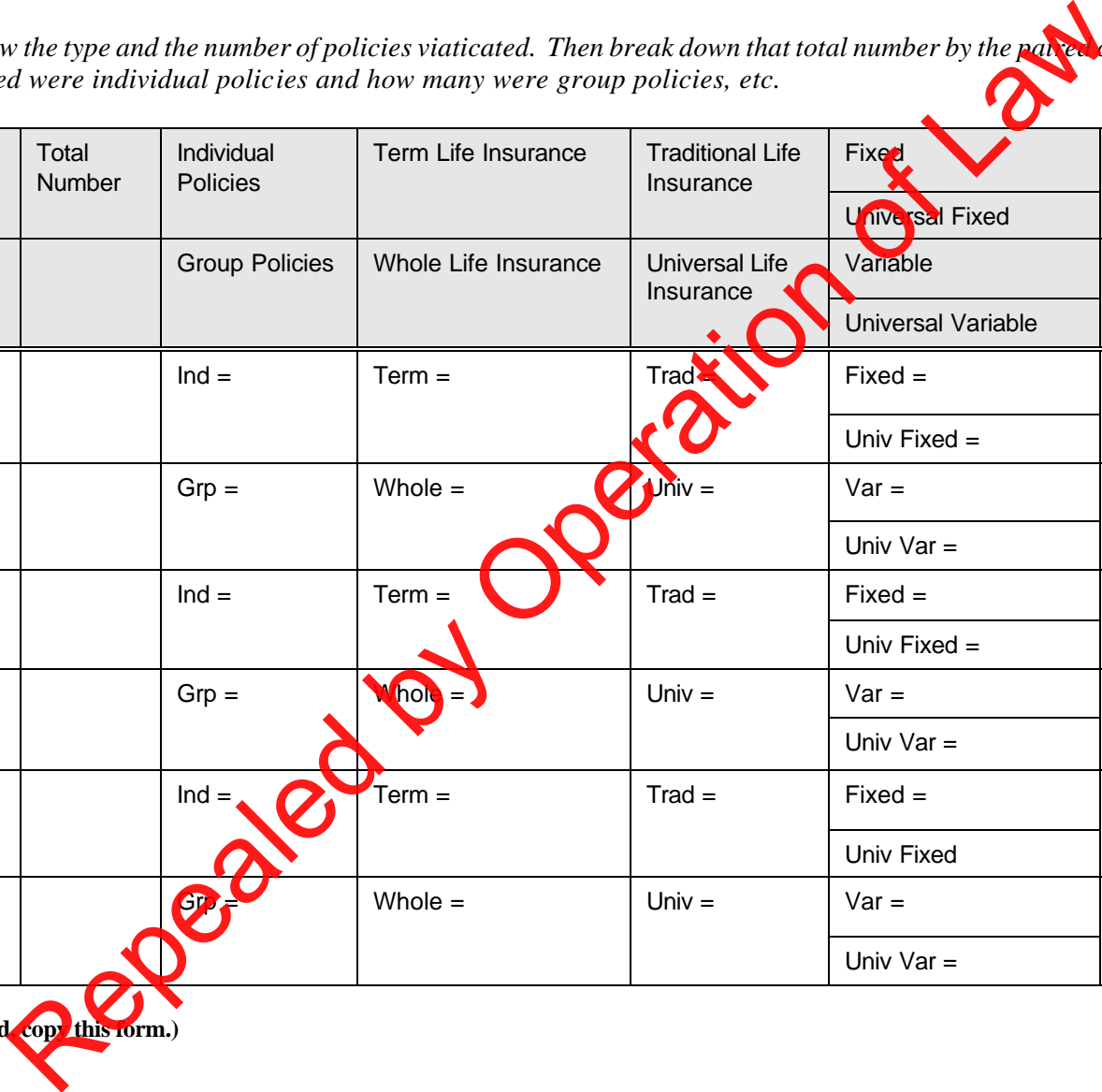
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2. Breakdown of life insurance policies viaticated, by insurer and type:

For each insurer, first show the type and the number of policies viaticated. Then break down that total number by the policy categories, e.g. how many of the total policies viaticated were individual policies and how many were group policies, etc.

Insurer Name	Total Number	Individual Policies	Term Life Insurance	Traditional Life Insurance	Fixed	Main Life Policy
					Universal Fixed	
		Group Policies	Whole Life Insurance	Universal Life Insurance	Variable	Rider on Main Policy
					Universal Variable	
		Ind =	Term =	Trad =	Fixed =	Main =
					Univ Fixed =	
		Grp =	Whole =	Univ =	Var =	Rider =
					Univ Var =	
		Ind =	Term =	Trad =	Fixed =	Main =
					Univ Fixed =	
		Grp =	Whole =	Univ =	Var =	Rider =
					Univ Var =	
		Ind =	Term =	Trad =	Fixed =	Main =
					Univ Fixed =	
		Grp =	Whole =	Univ =	Var =	Rider =
					Univ Var =	

(If more pages are needed, copy this form.)



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3. Financial Statistics:

a) Viatical settlement contracts purchased/financed by the viatical settlement provider: Number _____ Total Settlement Amount _____
 Viatical settlement contracts which were **resold or brokered** to independent investors: Number _____ Total Settlement Amount _____

b) Viatical settlement provider portfolio size: _____

c) Amount of outside borrowing: _____

Part B: Individual Information

For each policy viaticated, provide the following information:

Note: "VSC" means viatical settlement contract.

If the viator is **not** the person whose life is insured and who has a life threatening illness or condition, provide the life expectancy and expected date of death of the person whose life is insured and has a life threatening illness or condition.

DO NOT USE VIATORS' NAMES OR IDENTIFIERS WHICH CAN BE CONNECTED TO INDIVIDUAL NAMES

VSC Identifier	Date VSC Entered Into	Viator Life Expectancy at Time of VSC	Value of Policy	Rides/Options Retained by Viator	Amount Paid to Viator	Viator Date of Death	Premiums Paid to Maintain Insurance	Reinsurer
			Face Amount:					
			Death Benefit:					
			Cash Surrender:					
			Outstanding Loans:					

VSC Identifier	Date VSC Entered Into	Viator Life Expectancy at Time of VSC	Value of Policy	Riders/Options Retained by Viator	Amount Paid to Viator	Viator Date of Death	Premiums Paid to Maintain Insurance	Reinsurer
			Face Amount: Death Benefit: Cash Surrender: Outstanding Loans:					

VSC Identifier	Date VSC Entered Into	Viator Life Expectancy at Time of VSC	Value of Policy	Riders/Options Retained by Viator	Amount Paid to Viator	Viator Date of Death	Premiums Paid to Maintain Insurance	Reinsurer
			Face Amount: Death Benefit: Cash Surrender: Outstanding Loans:					

Repealed by Operation of Law

(If more pages are need, you may copy this form.)