|  |  |
| --- | --- |
| **ANNUAL STATEMENT**of the..................................................................................................................................................(Name of Life Settlement Provider)**to the**SUPERINTENDENT OF FINANCIAL SERVICES**of the**STATE OF NEW YORKFor the year ended December 31, 2020LIFE SETTLEMENT PROVIDER**2020** | LIFE SETTLEMENTS SETTLEMENTS |

LIFE SETTLEMENT PROVIDER

**ANNUAL STATEMENT**

For the Year Ended December 31, 2020

of the Condition and Affairs of the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

New York License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organized under the Laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, made to the

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES**

PURSUANT TO THE LAWS THEREOF

Incorporated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commenced Business on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Date)

Statutory Home Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street and Number) (City or Town, State and Zip Code)

Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street and Number) (City or Town, State and Zip Code)

Primary Location of Books and Records\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street and Number)

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

 (City or Town, State and Zip Code) (Area Code)(Phone Number)

Annual Statement Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Phone Number and E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Phone Number) (E-mail Address)

**PRINCIPAL OFFICERS**

(Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of ..............................

 } SS

County of ............................

………………………………………………………… ……………………………………………………..

 (Name) (Title)

………………………………………………………… ……………………………………………………..

 (Name) (Title)

………………………………………………………… ……………………………………………………..

 (Name) (Title)

of the …………………………………………………………………being duly sworn, each for himself/herself deposes

 (Name of Company)

and says that they are the above-described officers of the said company, and that on the thirty-first day of December last, all of the herein described assets were the absolute property of the said company, 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 company as of the thirty-first day of December last, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge and belief, respectively.

……………………………….……… .………………………….… ……...…………………………………….…

 (Name) (Title) (Signature)

……………………………………… ..…………………………… ……………………………………..…….…

 (Name) (Title) (Signature)

Subscribed and sworn to before me this (a) Is this an original filing? Yes [ ] No [ ]

….. day of ……………….…….., 2021 (b) If no:

at …………………………………….. (i) state the amendment number ……………………

 (Place) (ii) date filed ……………………

 (iii) number of pages attached ……………………

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSETS**

|  |  |  |
| --- | --- | --- |
|   | 1Current Year | 2Prior Year |
|  1. Cash and cash equivalents....................................................................................................... | ...................... | ...................... |
|  2. Deposit with states…………………………………………………………………….......… | ...................... | ...................... |
|  3. Other investments………………………………………………………………………........ | ...................... | ...................... |
|  4. Accounts receivable……………………………………………………………………......... | ...................... | ...................... |
|  5. Receivable from related parties…………………………………………………….….…..... | ...................... | ...................... |
|  6. Other receivables………………………………………………………….……………........ | ...................... | ...................... |
|  7. Prepaid expenses……………………………………………………….………..……........... | ...................... | ...................... |
|  8. Investment in life settlement contracts, face value of $........................................................... | ...................... | ...................... |
|  9. Life settlement payments in escrow or trust accounts (Schedule 2, Column 6)……..............  | ...................... | ...................... |
|  10. Property and equipment………………………………………………….………………..... | ...................... | ...................... |
|  11. Aggregate write-ins for miscellaneous assets (Line 1199)...................................................... | ...................... | ...................... |
|  12. Total assets (Lines 1 to 11) (Line 12, Page 3) ……………………………………………… |  |  |
|  DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR MISCELLANEOUS ASSETS |  |  |
|  1101............................................................................................................................................... | ...................... | ...................... |
|  1102.............................................................................................................................................. | ...................... | ...................... |
|  1103............................................................................................................................................. | ...................... | ...................... |
|  1104……………………………………………………………………………………............... | ...................... | ...................... |
|  1105……………………………………………………………………………………...…….... | ...................... | ...................... |
|  1198. Summary of remaining lines for Line 11 from overflow page......................................... | ...................... | ...................... |
|  1199. Totals (Lines 1101 through 1105 plus 1198) (Line 11 above)………………………….  |  |  |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITIES AND STOCKHOLDERS’ OR OWNERS’ EQUITY**

|  |  |  |
| --- | --- | --- |
|   | 1Current Year | 2Prior Year |
|  1. Accounts payable...................................................................................................................... | ...................... | ...................... |
|  2. General expenses due and accrued…………........................................................................... | ...................... | ...................... |
|  3. Payable to related parties…………………………………..……………….....…….…...…... | ...................... | ...................... |
|  4. Commissions to brokers due and accrued….………………………………..……...……….. | ...................... | ...................... |
|  5. Aggregate write-ins for other liabilities (Line 0599)................................................................ | ...................... | ...................... |
|  6. Total liabilities (Lines 1 to 5).................................................................................................... |  |  |
|  7. Capital stock.............................................................................................................................. | ...................... | ...................... |
|  8. Paid-in or contributed capital or membership interests............................................................. | ...................... | ...................... |
|  9. Retained earnings...................................................................................................................... | ...................... | ...................... |
|  10. Aggregate write-ins for stockholders’ or owners’ equity (Line 1099)....................…..........… | ...................... | ...................... |
|  11. Total stockholders’ or owners’ equity (Lines 7 to 10).............................................................. |  |  |
|  12. Total liabilities and stockholders’ or owners’ equity (Line 6 plus 11) (Line 12, Page 2) …… |  |  |
|  DETAILS OF WRITE-INS AGGREGATED AT LINE 5 FOR OTHER LIABILITIES |  |  |
|  0501................................................................................................................................................. | ...................... | ...................... |
|  0502................................................................................................................................................. | ...................... | ...................... |
|  0503…………………………………………………………………………………......….......… | ...................... | ...................... |
|  0504................................................................................................................................................. | ...................... | ...................... |
|  0505…………………………………………………………………………………….............… | ...................... | ...................... |
|  0598. Summary of remaining lines for Line 5 from overflow page.............................................. | ...................... | ...................... |
|  0599. Totals (Lines 0501 through 0505 plus 0598) (Line 5 above) ……………………………. |  |  |
|  DETAILS OF WRITE-INS AGGREGATED AT LINE 10 FOR STOCKHOLDERS’ OR  OWNERS’ EQUITY |  |  |
|  1001................................................................................................................................................. | ...................... | ...................... |
|  1002................................................................................................................................................. | ...................... | ...................... |
|  1003……………………………………………………………………………………............…. | ...................... | ...................... |
|  1004.................................................................................................................................................. | ...................... | ...................... |
|  1005……………………………………………………………………………………............….. | ...................... | ...................... |
|  1098. Summary of remaining lines for Line 10 from overflow page.............................................. | ...................... | ...................... |
|  1099. Totals (Lines 1001 through 1005 plus 1098) (Line 10 above) ……………………………. |  |  |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMARY OF OPERATIONS**

|  |  |  |
| --- | --- | --- |
|  | 1Current Year | 2Prior Year |
|  1. Revenues from matured insurance policies.................................................................................. | ...................... | ...................... |
|  2. Revenues from insurance policies sold prior to maturity…………………………………...….. | ...................... | ...................... |
|  3. Revenues from servicing, including settlement commissions from investors of $..................... | ...................... | ...................... |
|  4. Aggregate write-ins for miscellaneous income (Line 0499)........................................................ | ...................... | ...................... |
|  5. Totals (Lines 1 to 4)...................................................................................................................... |  |  |
|  6. Cost of life settlement contracts sold............................................................................................ | ...................... | ...................... |
|  7. Insurance premiums on settled policies........................................................................................ | ...................... | ...................... |
|  8. Compensation to brokers.............................................................................................................. | ...................... | ...................... |
|  9. Aggregate write-ins for miscellaneous expenses (Line 0999)...................................................... | ...................... | ...................... |
|  10. Totals (Lines 6 to 9)..................................................................................................................... |  |  |
|  11. Net gain from operations before federal income taxes (Line 5 minus Line 10).......................... | ...................... | ...................... |
|  12. Federal income taxes incurred (excluding tax on capital gains).................................................. | ...................... | ...................... |
| 1. Net gain from operations after federal income taxes and before realized capital gains or

 (losses) (Line 11 minus Line 12).................................................................................................. | ...................... | ...................... |
|  14. Net realized capital gains or (losses) less capital gains tax of $.................................................. |  |  |
|  15. Net income (Line 13 plus Line 14) (Line 17 below) .................................................................. |  |  |
|  RETAINED EARNINGS STATEMENT |  |  |
|  16. Retained earnings, December 31, previous year............................................................................ | ...................... | ...................... |
|  17. Net income (Line 15)..................................................................................................................... | ...................... | ...................... |
|  18. Net distributions to stockholders.................................................................................................... | ...................... | ...................... |
|  19. Withdrawals by owners or partners................................................................................................. | ...................... | ...................... |
|  20. Aggregate write-ins for miscellaneous retained earnings (Line 2099).......................................... | ...................... | ...................... |
|  21. Retained earnings, December 31, current year (Lines 16 to 20)………………………………... |  |  |
|  DETAILS OF WRITE-INS AGGREGATED AT LINE 4 FOR MISCELLANEOUS INCOME |  |  |
|  0401....................................................................................................................................................... | ...................... | ...................... |
|  0402....................................................................................................................................................... | ...................... | ...................... |
|  0403....................................................................................................................................................... | ...................... | ...................... |
|  0404………………………………………………………………………………………................... | ...................... | ...................... |
|  0405………………………………………………………………………………………......…......... | ...................... | ...................... |
|  0498. Summary of remaining lines for Line 4 from overflow page................................................... | ...................... | ...................... |
|  0499. Totals (Lines 0401 through 0405 plus 0498) (Line 4 above) ……………………………….. |  |  |
|  DETAILS OF WRITE-INS AGGREGATED AT LINE 9 FOR MISCELLANEOUS EXPENSES |  |  |
|  0901....................................................................................................................................................... | ...................... | ...................... |
|  0902....................................................................................................................................................... | ...................... | ...................... |
|  0903....................................................................................................................................................... | ...................... | ...................... |
|  0904………………………………………………………………………………………….........….. | ...................... | ...................... |
|  0905………………………………………………………………………………………….........….. | ...................... | ...................... |
|  0998. Summary of remaining lines for Line 9 from overflow page................................................... | ...................... | ...................... |
|  0999. Totals (Lines 0901 through 0905 plus 0998) (Line 9 above) ………………………………. |  |  |
|  DETAILS OF WRITE-INS AGGREGATED AT LINE 20 FOR MISCELLANEOUS RETAINED  EARNINGS |  |  |
|  2001....................................................................................................................................................... | ...................... | ...................... |
|  2002....................................................................................................................................................... | ...................... | ...................... |
|  2003........................................................................................................................................................ | ...................... | ...................... |
|  2004……………………………………………………………………………………………............ | ...................... | ...................... |
|  2005……………………………………………………………………………………………............ | ...................... | ...................... |
|  2098. Summary of remaining lines for Line 20 from overflow page................................................... | ...................... | ...................... |
|  2099. Totals (Lines 2001 through 2005 plus 2098) (Line 20 above) ……………………………….. |  |  |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE 1**

Life Settlement Transactions for Current Year

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 |
| ` |   No. of Contracts  | Face Amount of Settled Policies | Amount Paid to Insured/Owner | Number of New York SettledPolicies | Face Amount of New York Settled Policies | Amount Paid to New York Insured/Owner |
| Settled Life Policies Owned (Held) at Prior Year End |  |  |  |  |  |  |
| Life Settlement Transactions During Current Year |  |  |  |  |  |  |
| Other Increases During Current Year (1) |  |  |  |  |  |  |
| Settled Life Policies Sold To Investors During Current Year |  |  |  |  |  |  |
| Other Reductions During Current Year (1) |  |  |  |  |  |  |
| Settled Life Policies Owned (Held) at Current Year End |  |  |  |  |  |  |

(1) Provide explanation of amounts reported. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE 2**

Settlements in Escrow or Trust Accounts as of December 31 of Current Year,

Pending Acknowledgment of Transfer by Issuers of Life Insurance Contracts

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 |
| SettlementIdentifying Number | Policyowner’s Stateof Residence | Life Insurance Issuer | Financial Institution with Escrow orTrust Account | Date Funds Placed into Escrow or Trust Account | Amount |
| New York (List individually)  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total New York | xxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxxxxxxxxxxx |  |
| Total All Other States | xxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxxxxxxxxxx |  |
|  Grand Total |  |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE 3**

Life Settlement Transactions Involving New York Residents Closed During Current Year

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Settlement Identifying Number | Issuing Insurer Name | Insured’s or Owner’s State of Residence | Insurance Policy Issue Date | Life Settlement Contract Date | Type of Insurance Policy | Riders to the Settled Insurance Policy | Net Cash Surrender Value of Insurance Policy Settled at Time of Contract | Death Benefits Settled/Face Amount of Policy Settled | Age of Insured At Settlement (in years) | Life Expectancy (in months) Used in the Calculation of Settlement Proceeds | Projected Premiums Due for the Life Expectancy Period Used in the Calculation of Settlement Proceeds | Settlement Proceeds Paid to Seller at Settlement | Amount of Benefits in which a Financial Interest was Retained by Seller at Settlement to be Paid at a Subsequent Date | Commission(s) Paid to Life Settlement Brokers Involved in the Transaction | Net Death Benefit of Insurance Policy at Settlement | Name of the Life Settlement Broker(s) Involved in the Transaction |
|  |  |  |   |   |   | Type | Dollar Amount |   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE 4**

Mortality Report for Life Settlement Transactions Involving New York Residents with Insured Deaths during Current Year

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| Settlement Identification Number | Issuing Insurer Name | Life Settlement Contract Date | Insured's Date of Death | Cause of Death - Natural Causes (NC) or Accidental (A) | Number of Months between Contract Date and Insured's Date of Death | Life Expectancy of Insured (in months) Used in the Calculation of Settlement Proceeds | Number of Months between Contract Date and Insured's Date of Death (Column 6) Minus Life Expectancy of Insured (in months) Used in the Calculation of Settlement Proceeds (Column 7) | Net Amount Paid to Seller at Settlement | Amount Paid or Payable to Seller's Beneficiary under Seller's Retained Benefit Interest | Total Amount of Premiums Paid to Maintain Policy | Commission(s) Paid to Life Settlement Brokers Involved in the Transaction | Benefits Paid by Issuing Insurer Upon Death of Insured |
|   |  |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

If requested information is not available or otherwise not provided, provide an explanation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE 5**

Life Settlements - Allocated by States and Other Jurisdictions

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| States  | Total Number of Policies Reviewed for Consideration | Total Number of Policies where an Offer was Made | Total Number of Policies Purchased | Total Aggregate Face Amount of the Policies Settled | Total Aggregate Amount Paid to (and Payable to) Seller at Settlement and to Seller's Beneficiary under Seller's Retained Interest Paid at a Subsequent Date  | Total Number of Policies Purchased and/or Sold in the Secondary Market | Is Provider Licensed? Yes/NoEnter NR if License Not Required |
| Purchased | Sold |
|   |   |   |   |   |   |   |   |  |
| Alabama |   |   |   |   |   |   |   |   |
| Alaska |   |   |   |   |   |   |   |   |
| Arizona |   |   |   |   |   |   |   |   |
| Arkansas |   |   |   |   |   |   |   |   |
| California |   |   |   |   |   |   |   |   |
| Colorado |   |   |   |   |   |   |   |   |
| Connecticut |   |   |   |   |   |   |   |   |
| Delaware |   |   |   |   |   |   |   |   |
| Dist. of Columbia |   |   |   |   |   |   |   |   |
| Florida |   |   |   |   |   |   |   |   |
| Georgia |   |   |   |   |   |   |   |   |
| Hawaii |   |   |   |   |   |   |   |   |
| Idaho |   |   |   |   |   |   |   |   |
| Illinois |   |   |   |   |   |   |   |   |
| Indiana |   |   |   |   |   |   |   |   |
| Iowa |   |   |   |   |   |   |   |   |
| Kansas |   |   |   |   |   |   |   |   |
| Kentucky |   |   |   |   |   |   |   |   |
| Louisiana |   |   |   |   |   |   |   |   |
| Maine |   |   |   |   |   |   |   |   |
| Maryland |   |   |   |   |   |   |   |   |
| Massachusetts |   |   |   |   |   |   |   |   |
| Michigan |   |   |   |   |   |   |   |   |
| Minnesota |   |   |   |   |   |   |   |   |
| Mississippi |   |   |   |   |   |   |   |   |
| Missouri |   |   |   |   |   |   |   |   |
| Montana |   |   |   |   |   |   |   |   |
| Nebraska |   |   |   |   |   |   |   |   |
| Nevada |   |   |   |   |  |  |  |  |
| New Hampshire |   |   |   |   |  |  |  |  |
| New Jersey |   |   |   |   |  |  |  |  |
| New Mexico |   |   |   |   |  |  |  |  |
| New York |   |   |   |   |  |  |  |  |
| North Carolina |   |   |   |   |  |  |  |  |
| North Dakota |   |   |   |   |  |  |  |  |
| Ohio |   |   |   |   |  |  |  |  |
| Oklahoma |   |   |   |   |  |  |  |  |
| Oregon |   |   |   |   |  |  |  |  |
| Pennsylvania |   |   |   |   |  |  |  |  |
| Rhode Island |   |   |   |   |  |  |  |  |
| South Carolina |   |   |   |   |  |  |  |  |
| South Dakota |   |   |   |   |  |  |  |  |
| Tennessee |   |   |   |   |  |  |  |  |
| Texas |   |   |   |   |  |  |  |  |
| Utah |   |   |   |   |  |  |  |  |
| Vermont |   |   |   |   |  |  |  |  |
| Virginia |   |   |   |   |  |  |  |  |
| Washington |   |   |   |   |  |  |  |  |
| West Virginia |   |   |   |   |  |  |  |  |
| Wisconsin |   |   |   |   |  |  |  |  |
| Wyoming |   |   |   |   |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| 9999999. Totals |  |  |  |  |  |  |  |  |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NEW YORK INTERROGATORIES** |
|  |  |  |
|  1.1) | Is the Provider a member of a Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? | Yes [ ] No [ ] |
|  | If yes, 1.11) identify insurer(s):...................................................................................................................... ....................................................................................................................... |  |
|  |  1.12) is the Provider or its ultimate parent publicly traded? If yes, identify publicly traded entity: ………………………………………………………...  | Yes [ ] No [ ] |
|  | * 1. does the holding company system include other associated or affiliated companies?

 If yes, attach holding company system chart or listing of associated and affiliated companies. | Yes [ ] No [ ] |
|  |  |  |
|  2.1) | Does any foreign (non-United States) person or entity, directly or indirectly control 10% or more of the Provider? | Yes [ ] No [ ] |
|  | If yes, 2.11) state the percentage(s): …………% |  |
|  |  2.12) identify the type of entity/ies (e.g., individual, corporation or government)……………………. |  |
|  |  |  |
|  3.1) | Funds used to purchase life insurance policies by the Provider were provided by: |  |
|  |  3.11) owners, partners or shareholders | Yes [ ] No [ ] |
|  |  3.12) affiliated entities | Yes [ ] No [ ] |
|  |  3.13) financing entities | Yes [ ] No [ ] |
|  |  3.14) related provider trusts | Yes [ ] No [ ] |
|  |  3.15) financial institutions | Yes [ ] No [ ] |
|  |  3.16) private investors | Yes [ ] No [ ] |
|  |  3.17) others, please state ............................................................................................................ |  |
|  |  |  |
|  4) | Did any officer, partner, director or trustee receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the Provider? | Yes [ ] No [ ] |
|  |  |  |
|  5.1) | Has the Provider an established procedure for disclosure to its board of directors or trustees of any material interest or 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?If no, 5.11) provide explanation ……………………………………………………………………….... ................................................................................................................  | Yes [ ] No [ ] |
|  |  |  |
| 6.1)  | Did the Provider purchase from or sell to another life or viatical settlement provider, during the period covered by this statement, any settled life policies?If yes, 6.11) did any of these settled life policies involve New York State residents? |  Yes [ ] No [ ]Yes [ ] No [ ] |
|  |  |  |
|  7) | How often is the Provider audited by an independent accountant?................................................................................ |  |
|  | Name and address of independent accountant ............................................................................................................ |  |
|  |  |  |
|  8.1) | Is the Provider licensed in its home state? If yes, 8.11) has the home state performed periodic examinations of the Provider?* 1. was a report on examination issued?

 If yes, date of last report.:……………………………………………………………………….* 1. is report publicly available?
 | Yes [ ] No [ ]Yes [ ] No [ ]Yes [ ] No [ ] Yes [ ] No [ ] |
|  |  |  |
|  9.1) | Has the Provider been examined by any other regulatory authority?If yes, 9.11) state name of regulatory authority ............................................................................................... 9.12) are reports publicly available? | Yes [ ] No [ ] Yes [ ] No [ ] |
|  |  |  |
| 10) | Has there been any change in the Provider’s name, organizational structure or status, Charter, Articles of Incorporation, By Laws, Partnership Agreement, affiliations, officers, directors, members, owners, stockholders or location of books and records that has not been previously reported to this Department?  | Yes [ ] No [ ] |
|  |  |  |
|  11) | Has any officer, director, member, stockholder, or employee of the Provider been the subject of any administrative or judicial proceeding, had any license denied, suspended or revoked, been arrested, indicted, convicted or pled *nolo* *contendere* to any criminal or civil action other than a minor traffic violation, or had a lien, judgment or foreclosure action filed against him or her and such information has not been previously reported to this Department?  | Yes [ ] No [ ] |
|  |  |  |
| 12) | Has the Provider been involved in any legal actions, civil suits, criminal proceedings, or had a license denied, suspended or revoked by any government agency or regulatory body and such information has not been previously reported to this Department? | Yes [ ] No [ ] |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NEW YORK INTERROGATORIES (continued)** |
|  |  |  |
|  13)  | During the reporting year, has the Provider received any complaints involving life settlement transactions in New York alleging that the escrow agent or third-party trustee did not disburse the life settlement proceeds within three business days of receiving notification that the change in ownership or beneficial interest had been effected? | Yes [ ] No [ ] |
|  |  |  |
|  14) | During the reporting year, has the Provider received any complaints involving life settlement transactions in New York alleging that the confidentiality of the insured’s or owner’s identity or any non-public personal information solicited or obtained in connection with a proposed or executed life settlement, including financial and medical information of the owner and insured, was in any way compromised? | Yes [ ] No [ ] |
|  |  |  |
| 15.1) | Does the Provider offer any options that allow the owner/seller of a life policy to be settled in New York, to retain financial interest in a specified portion of the death benefit proceeds or in an amount equal to a specified portion of the death benefit proceeds?If yes, 15.11) attach description of options. | Yes [ ] No [ ] |
|  |   |  |
| 16) | Has the Provider placed securities on deposit with the Superintendent of Financial Services pursuant to Section 7803(c)(2)(E) of the New York Insurance Law? | Yes [ ] No [ ] |
|  |  |  |
|  17) | Does the Provider use a surety bond to meet the financial accountability requirements of Section 7803(c)(2)(E) of the New York Insurance Law? | Yes [ ] No [ ] |
|  |  |  |
| 18.1) | During the reporting year, did the Provider sell, assign, pledge or otherwise transfer a beneficial interest in a settled policy subject to Article 78 to someone other than a New York licensed life settlement provider, accredited investor, qualified institutional buyer, financing entity, special purpose entity, or related provider trust? If yes, 18.11) does the Provider administer and service the settled policy pursuant to Section 7813(o) of  the New York Insurance Law? | Yes [ ] No [ ] Yes [ ] No [ ] |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OVERFLOW PAGE FOR WRITE-INS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_