Viatical Settlement Broker's Name	[State] Insureds Only			20	
1	2	3	4	5	6
Viatical settlement provider's settlement number	Contract date sold to viatical settlement provider	Total net death benefit (\$)	Net amount paid to viator (\$)	Commission amount (\$)	Viatical settlement provider's name
VSB 002					

Viatical Settlement Broker Report

Initials of preparer: _____

Calendar year

Viatical Settlement Broker Report—[State] Insureds Only Instructions

<u>NOTE</u>: This form must be accompanied by "Viatical Settlement Provider/Broker Certification Form."

- 1. List the settlement number, case number, or unique identifying number used by the Viatical Settlement Provider to identify the specific viatical settlement transaction.
- 2. List the date sold of the viatical settlement contract to the Viatical Settlement Provider.
- 3. List the total net death benefit.
- 4. List the net amount (in dollars) paid to the viator.
- 5. List the amount of commissions (in dollars) paid to all viatical settlement brokers involved in the transaction.
- 6. List the name of the Viatical Settlement Provider involved in the viatical settlement transaction.

VSB 002 Instructions

Initials of preparer:

Viatical Settlement Provider/Broker Certification Form

This section should be completed by v	iatical settlement brokers.
Please check all forms submitted:	
□ Viatical Settlement Broker Reporting Form - [State Insureds 0	Only] (VSB 002)
□ Viatical Settlement Provider Reporting Form - [State] Viators	s Only (VSP 002)
I hereby certify that the information contained in the reports in that providing false and misleading information in the report sufficient grounds for administrative action by the commissioner	s, or failing to divulge a fact material thereto, is
Signature of individual that prepared reports	Date://
Print or type name	Deter
Signature of Authorized Representative	Date://
Print or type name	

VSPB 001