

**Appendix A-3**

<b>Life Settlement Provider Report- Idaho Transactions Only</b>						
<b>SUPPLEMENTAL REPORT</b>						
Complete this section ONLY if death benefit proceeds were paid						
Report year:						
Life Settlement provider's name:						
Name, address and telephone number of contact person for this report:						
Email address:						

	SEE INSTRUCTIONS	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5
1	Life settlement provider settlement number					
2	Life settlement contract purchased date					
3	Age of insured at time of contract					
4	Life expectancy at time of contract					
5	Net amount paid to owner/ seller(\$)					
6	Insured's date of death					
7	Number of months between contract date and date of death.					
8	Number of months between life expectancy at time of contract and date of death(+/-)					
9	Death benefit collected					
10	Total premiums paid to maintain policy(\$)					

I \_\_\_\_\_ the undersigned \_\_\_\_\_ of the reporting entity, first being duly sworn, state and affirm that I am the described officer, manager or employee of the reporting entity and that the information contained in this report is complete, true and accurate.

Signature \_\_\_\_\_ By (printed name) \_\_\_\_\_

\_\_\_\_\_  
(title)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to ( or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_ .

Notary Public \_\_\_\_\_ My commission expires on: \_\_\_\_\_