

Appendix A-1

Life Settlement Provider Report - Idaho Transactions Only

Report year: _____

Life Settlement provider's name: _____

Name, address and telephone number of contact person for this report: _____

Email address: _____

Applications (#'s): **Settled** _____ **Rejected** _____

Pending _____ **Total applications:** _____

	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	Date policy initially purchased by owner					
4	Was policy premium financed prior to purchase? Y or N ?					
5	List the ownership type of the policy					
6	Owner's or insured's reason for selling if less than 2 years					
7	Age of insured at time of contract					
8	Each life expectancy (in months) at time of contract					
9	Insurance company name and NAIC number					
10	Total net death benefit (\$)					
11	Net amount paid to the seller of the policy (\$)					
12	Policy type: individual or group					
13	Type of funding for transaction F, P, I, T or RPT (see instructions)					
14	What is the product type?					

15	Date proceeds transferred to escrow/trust account					
16	List escrow agent or trust institution along with account number					
17	Purchase source of policy: B, D, SM, P or O (see instructions)					
18	Name of the source of the transaction					
19	Commission amount paid to source (\$)					
20	Date disclosures per Sections 41-1956 & 41-1957, Idaho Code made to owner					
21	Date ownership transferred by provider and name of new owner					
22	Total premiums paid in report year to maintain policy					
23	Date of authorization for release of medical information					

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.

By (printed name)

Signature

(title)

State of _____

County of _____

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

Notary Public _____

My commission expires on: _____