

Appendix A-3

Life Settlement Provider Report- Idaho Transactions Only SUPPLEMENTAL REPORT						
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: