**Section 3701.EXHIBIT A Viatical Settlement Provider Report and Instructions – All States and Territories (Form VSP-001)**

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|  | **Viatical Settlement Provider Report** | Calendar year |
| Viatical Settlement Provider's Name | *All States and Territories* | 20\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| States | Are you doing business in this state? (Y/N) | Total number of policies reviewed for consideration | Total number of policies where an offer was made | Total number of policies where an offer was not made | Total number of policies purchased | Aggregate total net death benefit | Aggregate amount paid to viators | Secondary market transactions |
| pur | 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 |  |  |  |  |  |  |  |  |  |
| American Samoa |  |  |  |  |  |  |  |  |  |
| Guam |  |  |  |  |  |  |  |  |  |
| Puerto Rico |  |  |  |  |  |  |  |  |  |
| U.S Virgin Islands |  |  |  |  |  |  |  |  |  |
| Canada |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |  |  |  |  |

|  |  |
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| Name of Preparer: |  |

**Instructions for Viatical Settlement Provider Report – All States and Territories**

|  |  |
| --- | --- |
| COLUMN |  |
| 1 | By a "Y" for yes or an "N" for no, indicate if you have or have not done business in the state during the calendar year being reported. |
| 2 | For each state or territory in which you have done business during the calendar year being reported, indicate the total number of policies reviewed for consideration. |
| 3 | For each state or territory in which you have done business during the calendar year being reported, indicate the total number of policies for which an offer was made. |
| 4 | For each state or territory in which you have done business during the calendar year being reported, indicate the total number of policies for which an offer was refused. |
| 5 | For each state or territory in which you have done business during the calendar year being reported, indicate the total number of policies purchased. |
| 6 | For each state or territory in which you have done business during the calendar year being reported, list the total aggregate net death benefit of the policies viaticated. |
| 7 | For each state or territory in which you have done business during the calendar year being reported, list the total aggregate amount paid to viators. |
| 8 | For each state or territory in which you have done business during the calendar year being reported, list the total number of policies purchased and/or sold in the secondary market. |

(Source: Amended at 39 Ill. Reg. 4975, effective March 23, 2015)