



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS

**LIFE SETTLEMENT PROVIDER  
ANNUAL STATEMENT**

		FOR THE YEAR ENDING <b>December 31, _____</b>		AZ # (see Certificate of Authority):	
Life Settlement Provider Name				Federal Employer Identification Number (FEIN)	
Alternate (Assumed) Name / DBA					
HOME OFFICE Street Address			City	State	ZIP Code
MAILING Address			City	State	ZIP Code
Toll-free Phone		Main Phone		FAX Number	
Type of Entity (select only one)					
<input type="checkbox"/> Stock Corporation		<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Other (Describe): _____			
Date Incorporated/Formed		State Where Incorporated/Formed		Fiscal Year Ends on	
				<input type="checkbox"/> December 31	
				<input type="checkbox"/> Other (mm/dd) : ____ / ____	
CONTACT PERSON	Name		E-mail Address		
	Street Address		City	State	ZIP Code
	Toll-free Phone		Main Phone		FAX Number

**Annual Statement Filing Fee**

Provide a check made payable to the *Arizona Department of Insurance and Financial Institutions* in the amount of \$300 for non-refundable annual statement filing fee. ARS § 20-167(A)(8).

**Financial Condition**

Attach a balance sheet and income statement showing the life settlement provider's financial condition at the year end of the preceding calendar year. ARS § 20-3210(A).

**Ownership Information**

Complete **Form E-LSP2** with information for each stockholder or owner of the provider except for stockholders owning less than 10% of the shares of the provider whose shares are publicly traded, partners, officers and employees. Pursuant to ARS § 20-3202(C), you must provide an updated version of this form within 30 days of a change to the information provided.

**Management Information**

Complete **Form E-LSP3** with information for each officer, director, member, and partner, and for each designated employee who shall be authorized to act under the life settlement provider certificate of authority. Submit **NAIC Form 11: Biographical Affidavit** for each person listed on Form E-LSP3 form *whom Form 11 has not previously been provided*. Obtain Form 11 from [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm).

*A person may not act on behalf of the provider unless the person has been named on this form as part of the application for the certificate of authority or as a supplement to the application. ARS § 20-3202(D). Report changes by submitting an updated Form E-LSP3 executed by an officer, director, member, or partner of the provider, along with NAIC Form 11 for each new person listed.*

**LIFE SETTLEMENT PROVIDER  
ANNUAL STATEMENT (cont.)**

FOR THE YEAR ENDING December 31, _____	AZ # (see Certificate of Authority):
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Life Settlement Provider Name	Federal Employer Identification Number (FEIN)
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**Policy Information.** Provide information relating to the immediately preceding calendar year (in other words, enter information for the year ending December 31 that you specified above). Complete additional pages if information for all policy issue years does not fit on one page. Do not include individual transaction data or information that could be used to identify any owner or insured. ARS § 20-3210(A).

Policy Issue Year	Nationwide			Arizona only		
	Total number of policies settled during the year	Aggregate face value of policies settled during the year	Life settlement proceeds of policies settled during the year	Total number of policies settled during the year	Aggregate face value of policies settled during the year	Life settlement proceeds of policies settled during the year
<b>TOTAL</b>						

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**LIFE SETTLEMENT PROVIDER  
ANNUAL STATEMENT (cont.)**

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**ATTESTATION AND CERTIFICATION**

By signing this form, the signatories solemnly swear, attest and certify, under penalty of perjury, to all the following:

- All information contained in the annual statement and any attachments, enclosures and supplements thereto, are true, complete and accurate, to the best of the knowledge and belief of the signatories. ARS § 20-3210(A).
- The life settlement provider, and each of its officers, directors, members, partners and designated employees who shall have authority to act under the certificate of authority issued to the life settlement provider understand they must comply with ARS §§ 20-3201 *et seq.* and other Arizona laws pertinent to acting as a life settlement provider including but not limited to the following provisions:
  - Privacy requirements set forth in ARS §§ 20-3205, 20-3211(H), 20-2101 *et seq.* and applicable federal laws;
  - Annual statement requirements set forth in ARS § 20-3210;
  - Requirements for viatical and life-settlement contracts set forth in ARS § 44-1841 *et seq.* (esp. ARS § 44-1850);
  - Requirements to only use licensed life settlement brokers to perform life settlement broker activities. ARS § 20-3202(I).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Send the application documents to [financialfilings@difi.az.gov](mailto:financialfilings@difi.az.gov).**

**Mail the check along with a cover letter to:**

**Financial Affairs Division  
Arizona Department of Insurance and Financial Institutions  
100 N. 15th Ave., Suite 261  
Phoenix, Arizona 85007-2630**