Company Name:

Viatical/Life Settlement Annual Report - MAINE

Note: Report must be certified by an officer of the settlement provider.

Be sure to complete all tabs shown below

For each Maine settlement contract entered into in the preceding calendar year, provide the following:

Date of Contract	Life Expectancy of Insured at Contract Date	Face Amount of the Policy	Amount of Compensation to Viator	Name of Settlement Producer	Policy Type (Viatical/Life Settlement)	Funding Source

Company Name:

Viatical/Life Settlement Annual Report - MAINE

Note: Report must be certified by an officer of the settlement provider.

For each settlement contract entered into in Maine at any time where the insured whose life was the subject of the policy that was viaticated has died in the preceding calendar year, provide the following:

Date of Death	Amount of Time Passed After Date of Settlement Contract	Total Premiums Paid by Provider to Maintain Policy In Force

Company Name:

Viatical/Life Settlement Annual Report - MAINE

Note: Report must be certified by an officer of the settlement provider.

For each Maine application received (viatical or life settlement) indicate whether the application was accepted or rejected by the settlement provider or withdrawn by the insured:

Type of Application (Viatical/Life Settlement)	Accepted or Rejected by Provider	Withdrawn by Insured