



FEE: \$500.00

STATE OF COLORADO  
DIVISION OF INSURANCE  
1560 Broadway Suite 850  
Denver, CO 80202  
303-894-7499

Viatical Settlement Provider  
Annual Report  
Year ending \_\_\_\_\_

For Cash Management Use Only

Provider Name \_\_\_\_\_

DBA \_\_\_\_\_

Mail Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

EMail \_\_\_\_\_

1. Have there been any changes in the owners, partners, officers and directors since the last filing? If yes, attach pertinent information including a biographical affidavit for all new owners, partners, officers and directors.
 

Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have there been any changes in the Plan of Operations since the last filing? If yes, attach pertinent information. Reference should be made to the application instructions for documentation required.
 

Yes \_\_\_\_\_ No \_\_\_\_\_



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 \_\_\_\_\_

*I hereby certify that the information contained in the report indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the commissioner and potentially, applicable criminal penalties.*

_____	_____
Date	Signature
	_____
	Print or type name
_____	_____
Date	Signature of Authorized Representative
	_____
	Print or Type name
	_____
	Title

Please mail the completed form by March 1st to:  
Colorado Division of Insurance  
Corporate Affairs  
1560 Broadway, Suite 850  
Denver, CO 80202

Email inquiries to: [DOI.CorporateAffairs@dora.state.co.us](mailto:DOI.CorporateAffairs@dora.state.co.us)