

In accordance with [230-RICR-20-60-10.10](#) the below report is due annually. You must first submit a renewal application at [www.NIPR.com](#). Then, complete the below report and submit to dbr.inslic@dbr.ri.gov.

Life Settlement Provider Report
January 1, _____ to December 31, _____

Complete the following chart indicating separately the information for each policy settled in Rhode Island between January 1 and December 31 in the preceding calendar year. The chart may be reproduced as long as the information is provided in a substantially similar manner. At the bottom of the chart please indicate the totals for each category. If no life settlement transactions were undertaken between January 1 and December 31 in the previous calendar year, that information should be indicated immediately preceding the signature at the bottom of this page.

Name of Life Settlement Provider: _____

	Aggregate Face Amount of Policy	Life Settlement Proceeds of Policy	Policy Issue Year	Insurance Company which had issued policy	Broker(s) participating in the settlement transaction
1					
2					
3					
4					
5					
Total					

OR

Name of Life Settlement Provider: _____ did not undertake any life settlement transactions between January 1, _____ and December 31 _____.

I declare under penalties of perjury that the above information is true and complete.

 [insert typed name of authorized representative of provider]

 [date]