

**STATE OF WEST VIRGINIA  
OFFICES OF THE WEST VIRGINIA INSURANCE COMMISSIONER**

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**Mailing Address:**

WVOIC-Agents Licensing & Education  
P.O. Box 50541  
Charleston, WV 25301

**Overnight Mailing Address:**

Agents Licensing & Education  
1124 Smith St. Rm 402  
Charleston, WV 25301

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Viatical Settlement Broker Annual Reporting Form

**W.Va. Code of St. R. §114-80-6**

6.2. On March 1 of each year, each licensed broker shall make an annual report of all viatical settlement transactions during the previous year in which the viators are currently residents of this state or were residents of this state at the time the contract was initiated. The report shall be in the format prescribed by the National Association of Insurance Commissioners in Appendix C of the model regulation. A copy of the format is available on the Insurance Commission website.

**General Instructions**

- 1) This annual report must be filed by all licensed viatical settlement brokers and by all persons acting as a viatical settlement broker pursuant to a life producer license issued by the Offices of the West Virginia Insurance Commissioner.
- 2) The annual report must be postmarked no later than March 1 of each year and the information contained in the report is for the period from January 1 to December 31 of the previous year.
- 3) All correspondence must be sent to the Agents Licensing Division of the Offices of the West Virginia Insurance Commissioner to assure prompt receipt and handling.
- 4) Submit only a fully completed report. Submittal of a partially completed form will cause processing delays and may result in denial of the report as incomplete.
- 5) Do not alter the form contained herein. If you feel the requirements do not apply to your situation you may notify us and we will answer any questions you may have and determine if any allowances shall be made.
- 6) All original items submitted become the property of the Offices of the West Virginia Insurance Commissioner and will not be returned.



**Certification**

**I hereby certify that the information contained in the reports 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.**

Signature of individual that prepared reports

Signature of Authorized Representative

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone number