



Form No: GID-EN-LS-4

## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

### LIFE SETTLEMENT PROVIDER FINANCIAL STATEMENT

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

Current Year (12/31/\_\_\_\_)      Last Year (12/31/\_\_\_\_)

**CURRENT ASSETS:**

1.	Cash (Schedule A)		
2.	Investments		
3.	Receivables		
	a) Fees Receivable		
	b) Other Receivable		
	c) Totals Receivable		
	d) Less: Allowance for Uncollectables		
	e) Net Receivables		
4.	Expenses		
5.	Other Current Assets		
6.	Total Current Assets		

**NON-CURRENT ASSETS:**

7.	Investments		
8.	Receivables		
9.	Organization Expenses		
10.	Other Non-Current Assets		
11.	Total Non-Current Assets		

**FIXED ASSETS:**

12.	Office Furnishings and Equipment		
13.	Automobiles		
14.	Total Furn., Equip. and Autos		
15.	Less: Accumulated Depreciation		
16.	Net Furn., Equip. and Autos		
17.	Leasehold Improvements		
18.	Less: Accumulated Amortization		
19.	Net Leasehold Improvements		
20.	Real Estate		
21.	Less: Accumulated Depreciation		
22.	Net Real Estate		
23.	Other _____		
	(Identify)		
24.	Total Fixed Assets		
25.	<b>TOTAL ASSETS</b>	\$ _____	\$ _____

NOTE: Details of items 3b, 4, 5, 7, 8, 10, and 23 must be attached.

## LIFE SETTLEMENT PROVIDER FINANCIAL STATEMENT

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

<b><u>CURRENT LIABILITIES:</u></b>	Current Year (12/31/___)	Last Year(12/31/___)
1. Accounts Payable:	_____	_____
a) Trade	_____	_____
b) Other	_____	_____
c) Total Accounts Payable	_____	_____
2. Fees Payable	_____	_____
3. Taxes Payable	_____	_____
4. Notes Payable :		
a) To Financial Institutions	_____	_____
b) Real Estates Mortgages	_____	_____
c) To Officers and Stockholders	_____	_____
d) Other Notes Payable	_____	_____
e) Total Notes Payable	_____	_____
5. Accrued Interest Payable	_____	_____
6. Other Current Liabilities	_____	_____
7. Total Current Liabilities	_____	_____

<b><u>LONG TERMS LIABILITIES:</u></b>		
8. Notes and Loans Payable		
a) To Financial Institutions	_____	_____
b) Real Estates Mortgages	_____	_____
c) To Officers and stockholders	_____	_____
d) Other Notes & Loans Payable	_____	_____
e) Total Notes & Loans Payable	_____	_____
9. Other Long-Term Liabilities	_____	_____
10. Total Long Term Liabilities	_____	_____
11. Total Liabilities	_____	_____

<b><u>NET WORTH:</u></b>		
12. Capital Stock		
a) Common	_____	_____
b) Preferred	_____	_____
c) Total Capital Stock	_____	_____
13. Capital Paid-In	_____	_____
14. Retained Earnings	_____	_____
15. Less: Treasury Stock	_____	_____
16. <b>NET WORTH</b>	_____	_____
17. <b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ _____</b>	<b>\$ _____</b>

NOTE: Details of items 1a, 1b, 2, 4a, b, c, d, 5, 6, 8a, b, c, d and 9 must be attached.

**LIFE SETTLEMENT PROVIDER FINANCIAL STATEMENT**

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

**STATEMENT OF OPERATIONS AND RETAINED EARNINGS**

**INCOME**

	Current Year	For the Period Ending
	12/31/	Last Year
	12/31/	12/31/
1. Earned Fees	_____	_____
2. Net Investment Income Earned	_____	_____
3. Net Realized Capital Gains (or Losses)	_____	_____
4. All Other Income*	_____	_____
5. <u>Total Income</u>	_____	_____

**EXPENSES**

6. Fees Paid	_____	_____
7. Salaries	_____	_____
8. General Expenses	_____	_____
9. Total Operating Expenses	_____	_____
10. Federal and State Income Taxes	_____	_____

**NET INCOME AND RETAINED EARNINGS**

11. Net Income	_____	
12. Retained Earnings, December 31st Previous Year	_____	
13. Less: Distributions to Stockholders	_____	
14. <b>RETAINED EARNINGS, DECEMBER 31, CURRENT YEAR</b>		
	\$ _____	\$ _____

NOTE: Details of items 4 must be attached.

**LIFE SETTLEMENT PROVIDER FINANCIAL STATEMENT**

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

**SCHEDULE A**

**CASH ON HAND AND ON DEPOSIT**

List all accounts and locations of Cash on Hand. Place an asterisk (\*) in the D/T/C/\* column if all or any part of the deposit balance is assigned as collateral for a loan or is otherwise pledged or restricted. Attach supporting statement with explanation of pledge or restriction.

Name and address of Depository	Account Number	D/T/C*	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total Cash On Deposit \$ \_\_\_\_\_

Cash On Hand (Petty Cash) \$ \_\_\_\_\_

**Total Cash (Line 1, Page 1, Current Year)** \$ \_\_\_\_\_

\*D = Demand, T = Time, C = Cash

**LIFE SETTLEMENT PROVIDER FINANCIAL STATEMENT**

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

**SCHEDULE B**

**GENERAL EXPENSES**

Advertising	\$ _____
Accounting and Auditing	\$ _____
Auto Expense	\$ _____
Bad Debt Expense	\$ _____
Building Maintenance and Repair	\$ _____
Consulting Fees	\$ _____
Depreciation and Amortization	\$ _____
Employee Benefits	\$ _____
Equipment Maintenance and Repair	\$ _____
Equipment Rental	\$ _____
Insurance	\$ _____
Interest	\$ _____
Legal Fees	\$ _____
Office Supplies and Expenses	\$ _____
Printing	\$ _____
Postage and Freight	\$ _____
Rent and Related Items	\$ _____
Taxes: Payroll	\$ _____
Property	\$ _____
Other Taxes, Licenses and Fees	\$ _____
Telephone	\$ _____
Travel and Entertainment	\$ _____
Utilities	\$ _____
Other (List)	\$ _____
Total	\$ _____

**LIFE SETTLEMENT PROVIDER FINANCIAL STATEMENT**

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

Directions for attesting to this application:

- a. If applicant is a sole proprietor, the application must be sworn by the sole proprietor.
- b. If applicant is a partnership, the application must be sworn by the principal partners or by all officers and directors.
- c. If applicant is a corporation, the application must be sworn by the president and secretary.

THE FOLLOWING ATTESTATION FORM SHALL BE USED:

I do solemnly swear or affirm that all of the foregoing information and documentary evidence submitted is true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

If you are an individual with a disability and wish to acquire this document in an alternative format, please contact the ADA Coordinator at the Office of Commissioner of Insurance, 2 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-2056 / TDD (404) 656-4031