

Life Settlement Provider Certification Form

This section shall be completed by Life Settlement Providers.

Please check all forms submitted:

Life Settlement Provider Reporting Form - *Kentucky Insureds Only* (LS 1)

Individual Mortality Report - Kentucky Insureds Only (LS 2)

Life Settlement Provider Reporting Form - All States and Territories (LS 3)

I hereby certify that the information contained in the report(s) indicated above is true and accurate. I acknowledge that providing false and misleading Information in the report(s), or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the Commissioner of the Kentucky Department of Insurance and potentially, applicable criminal penalties.

_____ Date: ___/___/___

Signature of individual that prepared report(s)

Print or type name

_____ Date: ___/___/___

Signature of Authorized Representative

Print or type name