

11 NCAC 12 .1714 REPORTING REQUIREMENTS

(a) On June 1 of each calendar year, each licensed provider shall make a report of all viatical settlement transactions in which the viators are residents of this State. The report shall contain the following information for the previous calendar year:

- (1) For each viatical settlement entered into during the reporting period:
 - (A) Date of viatical settlement contract;
 - (B) Viator's state of residence at the time of the contract;
 - (C) Life expectancy of the insured at the time of contract in months;
 - (D) Face amount of policy viaticated;
 - (E) Net death benefit viaticated;
 - (F) Estimated total premiums to keep policy in force for mean life expectancy;
 - (G) Net amount paid to viator;
 - (H) Source of policy (B-Broker; D-Direct Purchase; O-Purchased from individual or entity other than the original viator);
 - (I) Type of coverage (I-Individual or G-Group);
 - (J) Whether or not the viatical settlement was entered into during the policy's contestable or suicide period, or both;
 - (K) Classification of the viator's or insured's diseases or injuries:
 - (i) Cardiovascular diseases;
 - (ii) Diseases of the central nervous system;
 - (iii) Diseases of the peripheral nervous system;
 - (iv) Elders with nonspecific disease processes;
 - (v) Infectious diseases and autoimmune diseases;
 - (vi) Liver and renal diseases;
 - (vii) Neoplasms;
 - (viii) Non-neoplastic pulmonary diseases;
 - (L) Type of funding (P-purchaser; L-licensee; I-accredited investor; F-financing entity; S-special purpose entity; R-related provider trust); and
 - (M) Rating of insurer that issued the policy at the time the policy was viaticated.
- (2) For viatical settlements where death has occurred during the reporting period:
 - (A) Date of viatical settlement contract;
 - (B) Viator's state of residence at the time of the contract;
 - (C) Life expectancy of the insured at the time of contract in months;
 - (D) Net death benefit collected;
 - (E) Total premiums paid to maintain the policy (WP-Waiver of Premium; NA-Not Applicable);
 - (F) Net amount paid to viator;
 - (G) Classification of the viator's or insured's diseases or injuries:
 - (i) Cardiovascular diseases;
 - (ii) Diseases of the central nervous system;
 - (iii) Diseases of the peripheral nervous system;
 - (iv) Elders with nonspecific disease processes;
 - (v) Infectious diseases and autoimmune diseases;
 - (vi) Liver and renal diseases;
 - (vii) Neoplasms;
 - (viii) Non-neoplastic pulmonary diseases;
 - (H) Date of death;
 - (I) Amount of time between date of contract and date of death in months;
 - (J) Difference between the number of months that passed between the date of contract and the date of death and the mean life expectancy in months as determined by the reporting company;
 - (K) Type of coverage (I-Individual or G-Group); and
 - (L) Whether or not the viatical settlement was entered into during the policy's contestable or suicide period, or both;
- (3) Name and address of each viatical settlement broker through whom the reporting provider purchased a policy from a viator who resided in this State at the time of contract; and

- (4) Number of policies purchased from an individual or entity other than the original viator as a percentage of total policies purchased.
- (b) On June 1 of each calendar year, each licensed broker shall make an annual report of all viatical settlement transactions during the previous calendar year in which the viators are residents of this State. The report shall be in the format prescribed by the NAIC in Appendix D of the model regulation. A copy of the format may be obtained from the Division.

History Note: Authority G.S. 58-2-40; 58-58-225; 58-58-300;
Temporary Adoption Eff. April 1, 2002;
Eff. April 1, 2003;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.