



Viatical Settlement Provider Bond

Co. Code # _____

Bond # _____

KNOW ALL MEN BY THESE PRESENTS, THAT I/we _____
residing at _____

_____, a Viatical Settlement Provider, as principal
and _____ a company duly authorized
to transact surety business in the State of Illinois, as Surety, are held and firmly bound unto the People of the State
of Illinois and payable to any party insured under the terms and conditions of this bond, in the full and penal sum of
_____ (_____) dollars lawful money of the United States of America, for
the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors
and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the above bonded Principal is now or is about to
become licensed to engage or continue in the business of a Viatical Settlement Provider, as provided by the Illinois
Insurance Code, as amended.

NOW, THEREFORE, if the said Principal shall, while this bond is in force and effect make a full accounting and
due payment to the person or company entitled thereto of funds coming into his possession as an incident to
insurance transactions, and shall comply with all the provisions of Section 159/5 of the Illinois Insurance Code, as
amended, then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that this bond shall be continuous in form and may be terminated by the Surety, upon
its giving thirty (30) days notice to the principal of its intention of termination.

IN WITNESS WHEREOF, the said principal has hereunto set his hand and seal, and the said surety has
caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this
_____ day of _____, _____.

*(Signature of Principal)--Social Security Number

(Bonding Company)

(Social Security Number/FEIN Number)

(Signature of Officer)

(Signature of Attorney-in-Fact)

Important Notice: Under the Illinois Revised Statutes' insurance laws, disclosure of this information is **voluntary**; however, failure to comply
may result in this form not being processed. This form has been approved by the Forms Management Center.