

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS	Original Amended				
LIFE SETTLEMENT PROVIDER REPORT OF STOCKHOLDERS / OWNERS					
Life Settlement Provider / Applicant Name	Federal Employer Identification Number (FEIN)				

Complete the following table with information for each partner, officer, employee (who shall act under the provider's certificate of authority) and owner. If the provider / applicant's stock is publicly traded, omit information for stockholders owning less than 10% of shares of stock ARS §20-3202(B).

Pursuant to ARS §20-3202(C), you must provide an updated version of this form within 30 days of a change to the information provided.

First Name	Middle Name	Last Name	City and State of Residence	% Ownership
				-
TOTAL (must not exceed 100):				
Signature			Dat	e
Printed Name			Titl	<u> </u>