Financial Affairs Division
Arizona Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, AZ 85018-7269

☐ **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 the 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):	0

Signature _____ Date _____

Printed Name _____ Title _____