



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

LIFE SETTLEMENT PROVIDER
FORM E-LSP4: STATUTORY AGENT APPOINTMENT AND ACCEPTANCE

INSTRUCTIONS: File Part A and Part B together (do not file one without the other). Part A must be completed by the provider/applicant. Part B must be completed by the person who shall serve as the statutory agent for the provider/applicant.

PART A: STATEMENT OF CHANGE OF STATUTORY AGENT

Provider/Applicant Name	Federal Employer Identification Number (FEIN)
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Pursuant to the provisions of ARS § 20-3202(H), the undersigned, on behalf the above-named provider/applicant, hereby submits the following information:

FIRST: The name and address of its current statutory agent are:

Name:		
Address:		
City:	State:	ZIP Code:

SECOND: The statutory agent of the provider/applicant has changed. The name and address of the successor statutory agent are:

Name:		
Address:		
City:	State:	ZIP Code:

THIRD: The change to the statutory agent has been duly authorized by the provider/applicant. If the provider/applicant is *other than an individual*, the provider/applicant has attached a certified copy of the provider/applicant's Board of Director's authorizing resolution.

SIGNED and DATED this _____ day of _____, _____

By _____
 Printed Name

Its _____
 Title

 Signature

PART B: ACCEPTANCE OF APPOINTMENT AS STATUTORY AGENT

Provider/Applicant Name	Federal Employer Identification Number (FEIN)
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The undersigned, having been designated to act as statutory agent for the above-named provider/applicant, hereby consents to act in that capacity until the provider/applicant has appointed a new, valid statutory agent.

SIGNED and DATED this _____ day of _____, _____

By _____
Printed Name of Statutory Agent

Signature