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ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

☐ Original ☐ Amended

LIFE SETTLEMENT PROVIDER
REPORT OF OFFICERS, DIRECTORS, EMEMBERS, PARTNERS AND DESIGNATED EMPLOYEES

Life Settlement Provider / Applicant Name	Federal Employer Identification Number (FEIN)

Complete the following table with information for each officer, director, member, and partner, and for each designated employee who shall be authorized to act under the life settlement provider certificate of authority. You must submit an NAIC Form 11: Biographical Affidavit for each person listed on this form.

A person may not act on behalf of the provider unless the person has been named on this form as part of the application for the certificate of authority or as a supplement to the application. Report changes to information by submitting an updated form executed by an officer, director, member, or partner of the provider.

First Name	Middle Name	Last Name	Title

Signature

Date

Printed Name

Title

Form E-LSP3 (v. 20200924)