

ANNUAL STATEMENT
For the Year Ended December 31, 2023
OF THE CONDITION AND THE AFFAIRS OF

(Name of Provider)

Organized under the Laws of the State of _____, made to the
INSURANCE COMMISSIONER OF THE STATE OF WASHINGTON
PURSUANT TO THE LAWS THEREOF

Mail Address: _____

Primary Location of
Books and Records: _____

State of _____

County of _____

_____ being duly sworn, says that this annual statement, including all attached exhibits and schedules, is an accurate and true statement of the affairs of said life settlement provider.

Signature: _____

Title: _____

Subscribed and sworn to before me this
_____ day of _____, 2024

Notary Public

My commission expires _____