

ANNUAL STATEMENT
For the Year Ended December 31, 2024
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 _____, 2025

Notary Public

My commission expires _____