

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 \_\_\_\_\_