



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

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

Table with 2 columns: Provider/Applicant Name, Federal Employer Identification Number (FEIN)

Pursuant to the provisions of ARS § 20-3202(H), the undersigned, on behalf of the above-named provider/applicant, hereby submits the following information:

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

Form with fields for Name, Address, City, State, and Zip Code

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

Form with fields for Name, Address, City, State, and 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



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LIFE SETTLEMENT PROVIDER
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PART B: ACCEPTANCE OF APPOINTMENT AS STATUTORY AGENT

Table with 2 columns: Provider/Applicant Name, Federal Employer Identification Number (FEIN)

The undersigned having been designated to act as statutory agent for the above-named provider/applicant, hereby consent 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