



SUMMARY OF PERSONNEL

TO: DEPARTMENT OF BUSINESS OVERSIGHT

Date: _____
File No: _____

Gentlemen:

Pursuant to your request, the following information is submitted:

<u>Officers</u>	<u>Name</u>	<u>Address</u>
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Manager	_____	_____

<u>Other Officers</u>	<u>Name</u>
<u>Title</u>	
_____	_____
_____	_____

<u>Stockholders</u>		
_____	_____	_____
_____	_____	_____

<u>Directors</u>		
_____	_____	_____
_____	_____	_____

<u>Employee(s) Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above is certified to be true and correct as of the date shown.

(Company)
By _____
Title _____

Note: This form should be completed and certified by an officer of the company and attached to the annual report to be filed with the Department of Business Oversight, or returned to our examiner if requested during a regulatory examination. **ATTACH ADDITIONAL SHEETS IF SPACE IS NOT SUFFICIENT**