



Government of the District of Columbia
Department of Insurance, Securities and Banking



STATEMENT OF FINANCIAL CONDITION

PURSUANT TO 26 DCMR §B102.5
UNDER THE DISTRICT OF COLUMBIA SECURITIES ACT

FOR

(Name of Registrant)

The attached statement reflects the financial condition of the above named registrant as of _____, 20_____ (which is within 30 days of the date of filing) and is true and correct to the best of my knowledge and belief.

(Name)

(Title)

COUNTY OF _____) To Wit: _____

STATE OF _____)

SUBSCRIBED AND SWORN/AFFIRMED TO before me, a notary public in and for the above mentioned state, this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____