

## EXHIBIT 7 HOLDERS OF BONDS OR NOTES OVER \$100,000

## Use this page to provide the information necessary to complete exhibit 7.

Insert the correct page number on this form.
 You may duplicate this blank form as necessary.

## Name of Applicant \_\_\_\_\_

1.	The FEIN of the entity or individu						
	tax identification number of the e have one) related to his/her busin					number (if they	
			551011, 1101 1113/				
	Name of entity [or if an individual	(last name)	(first name)	(middle initial) ]			
	address	(suite n	0.)	(city)	(state)	(zip)	
2.	The FEIN of the entity or individu tax identification number of the e have one) related to his/her busin	ntity or individ	dual - If an ind	ividual's FEIN is prov	ided, provide the tax		
	Name of entity [or if an individual	(last name)	(first name)	(middle initial) ]			
	address	(suite n	0.)	(city)	(state)	(zip)	
3	The FEIN of the entity or individu tax identification number of the e have one) related to his/her busin	ntity or individ	dual - If an ind	ividual's FEIN is prov	ided, provide the tax	as the federal number (if they	
	Name of entity [or if an individual	(last name)	(first name)	(middle initial)]			
	address	(suite n	0.)	(city)	(state)	(zip)	
4.	The FEIN of the entity or individu tax identification number of the e have one) related to his/her busin	ntity or individ	dual - If an ind	ividual's FEIN is prov	ided, provide the tax		
	Name of entity [or if an individual	(last name)	(first name)	(middle initial) ]			
	address	(suite n	0.)	(city)	(state)	(zip)	
5	The FEIN of the entity or individu tax identification number of the e have one) related to his/her busin	ntity or individ	dual - If an ind	ividual's FEIN is prov	ided, provide the tax		
	Name of entity [or if an individual	(last name)	(first name)	(middle initial)]			
	address	(suite n	0.)	(city)	(state)	(zip)	
6	The FEIN of the entity or individu tax identification number of the e have one) related to his/her busin	ntity or individ		ividual's FEIN is prov		as the federal number (if they	
	Name of entity [or if an individual	(last name)	(first name)	(middle initial) ]			
	address	(suite n	0.)	(city)	(state)	(zip)	
HC	LDERS OF BONDS OR NOTES				Te	xas Department of Insurance	е

Name of entity [or if an individual	(last name) (first name)	(middle initial) ]		
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Name of entity [or if an individual	(last name) (first name)	(middle initial) ]		
address	(suite no.)	(city)	(state)	(zip)
lave one) related to his/her busi	iness or profession, not his/	ther social security nui	mber)	
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