

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)]		
address	(suite no.)	(city)	(state)	(zip)
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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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