

**Information Form for Control Affiliates**

For Instructions and Definitions, please see the Application to Register as a Structured Settlement Transferee in the State of Maryland.

1. Full legal name of the applicant:

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2. Full legal name of the **control affiliate**:

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3. Address of **control affiliate**'s principal office or place of business: [NOTE: The applicant may not identify a post office box or the street address of a UPS Store or other similar entity. If the **control affiliate** is an individual and has no principal office or place of business, the applicant must identify the street address of the place where the **control affiliate** resides. If the **control affiliate** is a legal entity and has no principal office or place of business, the applicant must identify the street address of the place where each of the **control affiliate**'s officers and managers resides.]

4. **Control affiliate**'s mailing address, if different than principal office or business address:

5. **Control affiliate**'s business telephone number:

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6. **Control affiliate**'s business fax number:

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7. **Control affiliate**'s business email address:

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8. For a **control affiliate** who is an individual, please identify the **control affiliate**'s Social Security Number.

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9. For a **control affiliate** other than an individual, please identify the **control affiliate's** Federal Employer Identification Number.

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10. If the **control affiliate** is a business entity, please identify the **control affiliate's** organizational form.

- corporation
- limited liability company
- partnership
- trust
- sole proprietorship
- other (specify) \_\_\_\_\_

11. If the **control affiliate** is a business entity other than a sole proprietorship, please identify the jurisdiction where and date when the **control affiliate** was formed (*i.e.*, state or country where incorporated or organized, where partnership agreement was filed, or where applicant entity was formed).

12. If the **control affiliate** is a publicly traded entity subject to reporting requirements under the Securities Exchange Act of 1934, please provide the **control affiliate's** central index key number.

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13. Please describe the nature of the relationship between the **control affiliate** and the applicant. Please state the percentage of any ownership or membership interests held; for partnership interests, the percentage to which entitled upon dissolution; any directorships or executive or managerial offices held; and any other information pertinent to an understanding of any ownership, membership, or partnership interests or executive or managerial responsibilities.

I hereby certify, upon personal knowledge and under penalty of perjury, that the information provided on this Information Form for Control Affiliates is complete, accurate, and true.

I understand that applicants are under a continuing obligation to notify the Office of the Attorney General of any change to the information provided on this form within 21 days of the change taking effect.

Name of Responsible Person (see Application, Question #3): \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_