FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Prin	nary Bus	siness Name: PENSIONMARK FIN	ANCIAL GROUP, LLC		CRD Number: 2085	1
٩nn	ual Ame	endment - All Sections			Rev. 10/20	2
3/3	1/2023	4:09:25 PM				
WA	ARNING:	Complete this form truthfully. Fals prosecution. You must keep this form			pplication, revocation of your registration, or criminal DV General Instruction 4.	
Iter	n 1 Iden	tifying Information				
			-		u. If you are filing an <i>umbrella registration</i> , the information in tyou with filing an <i>umbrella registration</i> .	
A.		II legal name (if you are a sole prop ONMARK FINANCIAL GROUP, LLC	•	and middle names):		
B.		me under which you primarily condu	•	ess, if different from Item 1.A.		
	List on	Section 1.B. of Schedule D any addit	tional names under whic	h you conduct your advisory busine	ess.	
	(2) If y	ou are using this Form ADV to regis	ster more than one inve	estment adviser under an <i>umbrella</i>	a registration, check this box \square	
	If you d	check this box, complete a Schedule I	R for each relying advise	r.		
C.	change			or primary business name (Item 1.	B.(1)), enter the new name and specify whether the name	
D.	(2) If y (3) If y	you are registered with the SEC as a you report to the SEC as an exempt you have one or more Central Index	reporting adviser, your	SEC file number:		
	CIK Nu					
	16525	94				_
E.	(1) If y	ou have a number (" <i>CRD</i> Number")	assigned by the FINRA	s's CRD system or by the IARD syst	rem, your CRD number: 208512	
	If your	firm does not have a CRD number, s	kip this Item 1.E. Do no	t provide the CRD number of one of	your officers, employees, or affiliates.	
	(2) If v	ou have additional <i>CRD</i> Numbers, y	our additional <i>CRD</i> num	nbers:		
	(=) j	ou have additional one humborof y	car adamentar end man	No Information Filed		
F.	Principa	al Office and Place of Business				
	(1) Ad	dress (do not use a P.O. Box):				
		mber and Street 1:		Number and Street 2:		
	24 Cit	E. COTA STREET	State:	SUITE 200 Country:	ZIP+4/Postal Code:	
		y. NTA BARBARA	California	United States	93101	
	lf t	this address is a private residence,	check this box:			
	ар _і арі	plying for registration, or are register plying for registration or with whom y e SEC as an exempt reporting adviser	red, with one or more st you are registered. If yo	tate securities authorities, you must u are applying for SEC registration,	at which you conduct investment advisory business. If you are t list all of your offices in the state or states to which you are if you are registered only with the SEC, or if you are reporting to employees as of the end of your most recently completed fiscal)
		ys of week that you normally condo Monday - Friday Other:	uct business at your <i>pr</i>	incipal office and place of business:		
	No	rmal business hours at this location	า:			
		30 AM - 4:30 PM PST lephone number at this location:				
	88	8-201-5488 csimile number at this location, if ar	ny:			
		8-679-6067	•			

	(5) What is the total number your most recently con 59		pal office and place of business, at	which you conduct investment advisory business as o	f the end of
G.	Mailing address, if different	from your <i>principal office and place</i> o	of business address:		
	Number and Street 1:	, ,	Number and Street 2:		
	City:	State:	Country:	ZIP+4/Postal Code:	
	•	residence, check this box:	, and the second		
H.	If you are a sole proprietor	r, state your full residence address,	if different from your principal offi	ce and place of business address in Item 1.F.:	
	Number and Street 1:		Number and Street 2:		
	City:	State:	Country:	ZIP+4/Postal Code:	
1.	Do you have one or more v LinkedIn)?	websites or accounts on publicly ava	nilable social media platforms (inc	luding, but not limited to, Twitter, Facebook and	Yes No ⊙ O
	website address serves as a the other information. You r	n portal through which to access other may need to list more than one portal control the content. Do not provide to	r information you have published o I address. Do not provide the addre	vailable social media platforms on Section 1.1. of Schedu on the web, you may list the portal without listing addres esses of websites or accounts on publicly available social il) addresses of employees or the addresses of employee	sses for all of media
J.		contact information of your Chief Cor Officer, if you have one. If not, you r		empt reporting adviser, you must provide the contact in	nformation
	Name:		Other titles, if any:		
	Telephone number:		Facsimile number, if any:		
	Number and Street 1:		Number and Street 2:		
	City:	State:	Country:	ZIP+4/Postal Code:	
	Electronic mail (e-mail) ad	dress, if Chief Compliance Officer ha	as one:		
	Investment Company Act o Identification Number (if an	of 1940 that you advise for providing		a <i>related person</i> or an investment company registered to you, provide the <i>person's</i> name and IRS Employer	d under the
	Name:	Niversians			
	IRS Employer Identification	Number:			
K.		act Person: If a person other than to ovide that information here.	the Chief Compliance Officer is au	ithorized to receive information and respond to quest	ions about
	Name:		Titles:		
	Telephone number:		Facsimile number, if any:		
	Number and Street 1:		Number and Street 2:		
	City:	State:	Country:	ZIP+4/Postal Code:	
	Electronic mail (e-mail) ad	Idress, if contact person has one:			Yes No
L.	Do you maintain some or a other than your <i>principal of</i>	-	required to keep under Section 2	204 of the Advisers Act, or similar state law, somewhe	
	If "yes," complete Section 1	.L. of Schedule D.			Yes No
M.	Are you registered with a f	foreign financial regulatory authority?			0 0
	·	registered with a foreign financial regular Section 1.M. of Schedule D.	ulatory authority, even if you have	an affiliate that is registered with a foreign financial regu	ılatory
					Yes No
N.	Are you a public reporting of	company under Sections 12 or 15(d)) of the Securities Exchange Act of	of 1934?	0 0
					Yes No
Ο.	•	more in assets on the last day of you mate amount of your assets: \$10 billion	ur most recent fiscal year?		0 0

. Provide your <i>Legal Entit</i>	ty Identifier if you have one:		
A legal entity identifier is	a unique number that companies use	to identify each other in the financial marl	ketplace. You may not have a legal entity identifier.
ECTION 1.B. Other Busine	ss Names		
ist your other business na	mes and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: DCS PENSIONMARK	RETIREMENT GROUP		
urisdictions			
□ AL	Піг	□ NE	□sc
□ AK	□ IN	□ NV	□ SD
□ AZ	□ IA	□ NH	□ TN
□ AR	□ KS	□ NJ	□ TX
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□ GU	☐ MS	□ PA	□ wy
Пні	□мо	□ PR	☐ Other:
□ID	□ MT	□ RI	
		IL	
ist your other business na	mes and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
•	mes and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
List your other business nat Name: WD PENSIONMARK Jurisdictions	mes and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: WD PENSIONMARK urisdictions			
lame: WD PENSIONMARK urisdictions	□ IL	□ NE	□sc
lame: WD PENSIONMARK urisdictions AL AK	□ IL □ IN	□ NE	□ SC □ SD
lame: WD PENSIONMARK urisdictions □ AL □ AK □ AZ	□ IL □ IN □ IA	□ NE □ NV □ NH	□ SC □ SD □ TN
Jame: WD PENSIONMARK urisdictions AL AK AZ AR	□ IL □ IN □ IA □ KS	□ NE □ NV □ NH □ NJ	□ SC □ SD □ TN □ TX
Jame: WD PENSIONMARK urisdictions □ AL □ AK □ AZ □ AR □ CA	□ IL □ IN □ IA □ KS □ KY	□ NE □ NV □ NH □ NJ □ NM	SC SD TN TX
Jame: WD PENSIONMARK urisdictions AL AK AZ AR CA CO	□ IL □ IN □ IA □ KS □ KY □ LA	□ NE □ NV □ NH □ NJ □ NM □ NY	SC SD TN TX UT VT
lame: WD PENSIONMARK urisdictions □ AL □ AK □ AZ □ AR □ CA □ CO □ CT	□ IL □ IN □ IA □ KS □ KY □ LA □ ME	□ NE □ NV □ NH □ NJ □ NM □ NY □ NC	SC SD TN TX UT VT
Jame: WD PENSIONMARK urisdictions AL AK AZ AR CA CO CT DE	IL IN IA KS KY LA ME MD	NE	SC SD TN TX UT VT VI VA
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 $_{
m C}$ \$10 billion to less than \$50 billion

Name: KAINOS PARTNERS, A PENSIONMARK RETIREMENT FIRM

C \$50 billion or more

Jurisdictions				
□ AL	□ IL	□ NE	□sc	
□ AK	□ IN	□ NV	□SD	
□ AZ	□ IA	□NH	□ TN	
☐ AR	□ KS	□ NJ	☑ TX	
□ CA	□ KY	□ NM	□ UT	
□ co	□ LA	□ NY	□VT	
□ CT	□ ME	□ NC	□ VI	
□ DE	□ MD	□ ND	□ VA	
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□ ID	□ MT	□ RI		
List your other business n	ames and the jurisdictions in which you ι	use them. You must complete a separate	Schedule D Section 1.B. for each business name.	
Name: T(K)G PENSIONMAF	RK			
Jurisdictions				
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☐ AZ	□ IA	□ NH	□ TN	
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List your other business n Name: PENSIONMARK WEA Jurisdictions		use them. You must complete a separate	Schedule D Section 1.B. for each business name.	
☐ AL	□ IL	□ NE	□sc	
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List your other business	names and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: PENSIONMARK RE	TIREMENT ADVISORS		
Jurisdictions			
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□ AZ	□ IA	□ NH	□ TN
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List your other business	names and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: PENSIONMARK IN	VESTMENT ADVISORS		
Jurisdictions			
□ AL	□IL	□ NE	□ sc
□ AK	□ IN	∥ □ NV	□ SD
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List your other business	names and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
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Name: PENSIONMARK FIN	NANCIAL ADVISORS		
Jurisdictions			
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List your other business na	ames and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: PENSIONMARK RETI	REMENT GROUP		
	INCINICIVI GROOT		
Jurisdictions	1	1	
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Name: WEALTHPATH INVES			
lurisdictions			
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List your other business na	ames and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: PENSIONMARK WEA	ALTH MANAGEMENT		
lurisdictions			
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D. Section 1.8. for each business name. Name: ECM GROUP, LLC List	□нг	□мо	□ PR	Other:
Name EM CROUP, LLC	□ID	□ MT	□ RI	
Name: ECM CROUP, LLC AL		1		
Name EM CROUP, LLC				
Name EM CROUP, LLC				
A	List your other business names and the j	urisdictions in which you use them. You m	nust complete a separate Schedule D Sect	ion 1.B. for each business name.
A				
Multiple Multiple	Name: ECM GROUP, LLC			
AL				
AL	Jurisdictions			
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AZ				
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CCO	□ AR	□ KS	□ NJ	□ TX
CT	□ ca	□ KY	□ NM	□ UT
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.8. for each business name. Name: SEVENHILLS PARTNERS, INC. Jurisdictions IL IL IN		□мо	□ PR	Other:
Name: SEVENHILLS PARTNERS, INC. Julisdictions	□ID	□ MT	□ RI	
Name: SEVENHILLS PARTNERS, INC. Julisdictions				
Name: SEVENHILLS PARTNERS, INC. Julisdictions				
Name: SEVENHILLS PARTNERS, INC. Julisdictions				
Name: SEVENHILLS PARTNERS, INC. Julisdictions	List your other business names and the j	urisdictions in which you use them. You m	nust complete a separate Schedule D Sect	ion 1.B. for each business name.
AL	3	,	·	
AL	Name: SEVENHILLS PARTNERS INC			
AL	Name. Severimees Printing, inc.			
AL	Jurisdictions			
AK			ENE	
□ AZ □ IA □ NH □ TN □ AR □ KS □ NJ □ TX □ CA □ KY □ NM □ UT □ CO □ LA □ NY □ VT □ CT □ ME □ NC □ VI □ DE □ MD □ VA □ VA □ DC □ MA □ OH □ WA □ FL □ MI □ OK □ WV □ GA ☑ MN □ OR □ WI □ GU □ MS □ PA □ Other: □ ID □ MT □ RI □ Other:				
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.	□ID	□ MT	□ RI	
List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.				
List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.				
List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.				
List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.	Harris and the second s			1 D 5 1 1 1
	LIST your other business names and the j	urisdictions in which you use them. You m	nust complete a separate Schedule D Sect	ion I.B. for each business name.

Name: ASSURED PARTNERS COLORADO

Jurisdictions

	∥ □ IL	∥ □ NE	∥ □ sc	
☐ AK	□ IN	□ NV	□ SD	
□ AZ	□IA	□ NH	∥ □ TN	
□ AR	□ KS	□ NJ	□ TX	
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	TE BENEFITS INSURANCE SERVICES			
Jurisdictions	I .		I	
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Name: ASSURE FINANCIAL SE Jurisdictions	1	□ NE	□ SC □ SD	
Name: ASSURE FINANCIAL SE Jurisdictions AL AK	□ IL □ IN	□ NV	□SD	
Name: ASSURE FINANCIAL SE Jurisdictions AL AK AZ	□ IL □ IN □ IA	□ NV □ NH	□ SD □ TN	
Name: ASSURE FINANCIAL SE Jurisdictions AL AK AZ AR	□ IL □ IN □ IA □ KS	□ NJ	□ SD □ TN □ TX	
Name: ASSURE FINANCIAL SE Jurisdictions AL AK AZ AR CA	☐ IL ☐ IN ☐ IA ☐ KS ☐ KY	□ NM □ N1 □ NV	□ SD □ TN ☑ TX □ UT	
Name: ASSURE FINANCIAL SE Jurisdictions AL AK AZ AR CA CO	□ IL □ IN □ IA □ KS □ KY □ LA	□ NA □ NM □ NH □ NA	□ SD □ TN ☑ TX □ UT □ VT	
Name: ASSURE FINANCIAL SE Jurisdictions AL AK AZ AR CA CO CT	☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME	□ NV □ NH □ NY □ NC	□ SD □ TN □ TX □ UT □ VT □ VI	
Name: ASSURE FINANCIAL SE	☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD	□ NV □ NH □ NJ □ NY □ NC □ ND	□ SD □ TN □ TX □ UT □ VT □ VI □ VA	
Name: ASSURE FINANCIAL SE	☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME	□ NV □ NH □ NY □ NC	□ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA	
Name: ASSURE FINANCIAL SE Jurisdictions AL AK AZ AR CA CO CT DE DC	☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD	□ NV □ NH □ NJ □ NY □ NC □ ND	□ SD □ TN □ TX □ UT □ VT □ VI □ VA	
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Name: ASSURE FINANCIAL SE Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA	☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MI	NV	SD TN TX TX UT VT VI VA WA WA WV	
Name: ASSURE FINANCIAL SE Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MN	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH □ OK □ OR □ PA	□ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA □ WV □ WI □ WY	

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Name: AXIOS ADVISORY (GROUP, LTD.			
Jurisdictions				
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List your other business r	somes and the jurisdictions in which you	use them. You must complete a concrete	Schodula D Section 1 D for each business name	
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Name: KAINOS PARTNERS				
Jurisdictions				
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List your other business r	names and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name	€.
Name: REDSTONE ADVISO	DRS, LLC			
Jurisdictions				
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List your other business names and the j	urisdictions in which you use them. You n	nust complete a separate Schedule D Sect	ion T.B. for each business name.
Name: SEVENHILLS BENEFIT PARTNERS			
Jurisdictions			
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List your other business names and the	urisdictions in which you use them. You n	nust complete a separate Schedule D Sect	ion 1.B. for each business name.
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Name: SYNERGY FINANCIAL SERVICES			
Name: SYNERGY FINANCIAL SERVICES			
Jurisdictions		—	
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Jurisdictions AL AK AZ AR CA CO CT DE DC	☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH	□ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA
Jurisdictions AL AK AZ AR CA CO CT DE DC FL	☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH □ OK	□ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA □ WV
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Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI	□ IN □ IA □ KS □ KY □ LA □ ME □ MD □ MA □ MI □ MN □ MN □ MS □ MO	NV	☐ SD ☐ TN ☐ TX ☐ UT ☐ VT ☐ VI ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Other:
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Name: MERIDIEN BENEFITS	, INC.			
Jurisdictions				
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Name: MBI INVESTMENT AD Jurisdictions	VISORS			ame.
Name: MBI INVESTMENT AD Jurisdictions	VISORS	□ NE	□sc	ame.
Name: MBI INVESTMENT AD Jurisdictions AL AK	VISORS	□ NE □ NV	□ sc □ sd	ame.
Name: MBI INVESTMENT AD Jurisdictions AL AK AZ	VISORS □ IL □ IN □ IA	□ NE □ NV □ NH	□ SC □ SD □ TN	ame.
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List your other business name	es and the jurisdictions in which you	use them. You must complete a separate \$	Schedule D Section 1.B. for each business nam	ne.
J	,	·		
Name: QUANTUM FINANCIAL	CONSULTANTS			
Jurisdictions				
□ AL	□ı∟	□ NE	□ sc	
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□ DC	□ MA	□ OH	□ WA	
□ FL	□ MI	□ ok	□ wv	
		□ OR		
□ GA	□ MN		□ WI	
	☐ MS	□ PA	□ wy	
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□ні	□ мо	_		
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□ HI □ ID	□ мт		Schedule D Section 1.B. for each business nam	ne.
☐ HI ☐ ID	es and the jurisdictions in which you		Schedule D Section 1.B. for each business nam	ne.
☐ HI ☐ ID	es and the jurisdictions in which you		Schedule D Section 1.B. for each business nam	ne.
□ HI □ ID	es and the jurisdictions in which you		Schedule D Section 1.B. for each business nam	ne.
HI ID List your other business name Name: PFG INVESTMENT ADV	es and the jurisdictions in which you		Schedule D Section 1.B. for each business nam	ne.
HI ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions	es and the jurisdictions in which you	use them. You must complete a separate S		ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL	es and the jurisdictions in which you ISORS	use them. You must complete a separate S	□sc	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK	es and the jurisdictions in which you ISORS	use them. You must complete a separate S	□ SC □ SD	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK ☐ AZ ☐ AR	es and the jurisdictions in which you ISORS IL IN IA KS	use them. You must complete a separate S	SC SD TN	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK ☐ AZ ☐ AR ☑ CA	es and the jurisdictions in which you ISORS IL	use them. You must complete a separate S	SC SD TN TX	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK ☐ AZ ☐ AR ☑ CA ☐ CO	es and the jurisdictions in which you ISORS IL IN IA KS KY LA	use them. You must complete a separate S	SC SD TN TX UT VT	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK ☐ AZ ☐ AR ☑ CA ☐ CO ☐ CT	es and the jurisdictions in which you ISORS IL	use them. You must complete a separate S NE	SC SD TN TX UT VI	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK ☐ AZ ☐ AR ☑ CA ☐ CO ☐ CT ☐ DE	es and the jurisdictions in which you ISORS IL IN IA KS KY LA ME MD	use them. You must complete a separate S NE	SC SD TN TX UT VT VI	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK ☐ AZ ☐ AR ☑ CA ☐ CO ☐ CT ☐ DE ☐ DC	es and the jurisdictions in which you ISORS IL	use them. You must complete a separate S NE	SC SD TN TX UT VI VI VA WA	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK ☐ AZ ☐ AR ☑ CA ☐ CO ☐ CT ☐ DE ☐ DC ☐ FL	es and the jurisdictions in which you ISORS IL	use them. You must complete a separate S NE	SC SD TN TX UT VT VI VA WA WA	ne.
☐ HI ☐ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions ☐ AL ☐ AK ☐ AZ ☐ AR ☑ CA ☐ CO ☐ CT ☐ DE ☐ DC ☐ FL ☐ GA	es and the jurisdictions in which you ISORS IL IN IA KS KY LA KY LA ME MD MA MI MN	use them. You must complete a separate S NE	SC SD TN TX UT VI VI VA WA WA WV	ne.
□ HI □ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions □ AL □ AK □ AZ □ AR ☑ CA □ CO □ CT □ DE □ DC □ FL □ GA □ GU	es and the jurisdictions in which you ISORS IL	use them. You must complete a separate S NE	SC SD TN TX UT VI VI VA WA WV WV WI WY	ne.
□ HI □ ID List your other business name Name: PFG INVESTMENT ADV Jurisdictions □ AL □ AK □ AZ □ AR ☑ CA □ CO □ CT □ DE □ DC □ FL □ GA	es and the jurisdictions in which you ISORS IL IN IA KS KY LA KY LA ME MD MA MI MN	use them. You must complete a separate S NE	SC SD TN TX UT VI VI VA WA WA WV	ne.

Name: BENEFITMARK				
Jurisdictions				
□ AL	Піг	□ NE	□sc	
□ AK	□ IN	□ NV	□ SC □ SD	
□ AZ	∥ ⊑ IA	□ NH	□ TN	
□ AR	∥ ⊑ ks	™ NJ	□TX	
□ CA	□ KY	□ NM	□ ∪т	
Со	□ LA	□ NY	□ VT	
□ст	□ ME	□ NC	□ vi	
□ DE	□ MD	□ ND	□ VA	
□ DC	☐ MA	□ он	□ WA	
□ FL	□ MI	Гок	□ wv	
□ GA	□ MN	□ OR	∥ □ wi	
□GU	□ MS	□ PA	□ wy	
□ні	□мо	□ PR	□ Other:	
□ID	□ MT	□ RI		
	1011			
List your other business na		use them. You must complete a separate	e Schedule D Section 1.B. for each business name.	
Jurisdictions				
□ AL	□IL	□ NE	□ sc	
□ AK	□ IN	□ NV	□ SD	
□ AZ	□ IA	□ NH	□ TN	
□ AR	□ KS	□ NJ	☑ TX	
□ CA	□ KY	□ NM	□UT	
СО	□ LA	□ NY	□ VT	
		□ NC		
СТ	□ ME		□ VI	
□ DE	□ MD	□ ND	□ VA	
□ DC	∥ <u>□</u> MA	□он	□ WA	
□ FL	∥ <u>□</u> MI	□ОК	□ wv	
□ GA	∥ □ MN	□ OR	∥ □ wı	
☐ GU	∥ □ MS	□ PA	□ WY	
□н	□ мо	□ PR	☐ Other:	
□ID	□ MT	□ RI		
List your other business na Name: FIDUCIARY RETIREM Jurisdictions		use them. You must complete a separate	e Schedule D Section 1.B. for each business name.	
□ AL	Піг	□ NE	□sc	
□ AK			□ SD	
□ AZ	□ IA	□ NH	□ TN	
□ AR	∥ ⊑ ks	□ NJ	□TX	
☑ CA	□ KY	□ NM	<u>□</u> ∪⊤	
Со	∥ □ LA	□ NY	□ VT	
СТ	□ ME	□ NC	□VI	
□ DE	□ MD	□ ND	□ VA	
□ DC	□ MA	□ он	□ WA	
□ FL	∥ □ MI	□ок	□wv	
□GA	∥ □ MN	□ OR	□wı	
□ GU	□ MS	□ PA	□wy	
□ HI	□ MO	□PR	☐ Other:	
	□ MT	□ RI	ounci.	
🗀 IU	IVI I	∟ □ KI		

List your other business r	names and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: HOLTMAN FINANCI	IAL SERVICES, INC.		
Jurisdictions			
□ AL	□IL	□ NE	□sc
□ AK	□ IN	□ NV	□sD
□ AZ	□ IA	□ NH	□ TN
☐ AR	□ KS	□ NJ	₽ TX
□ ca	∥ □ KY	□ NM	□ ∪т
Со	∥ □ LA	□ NY	□VT
□ CT	□ ME	□ NC	□ VI
□ DE	□ MD	□ ND	□ VA
DC	□ MA	□ОН	□ wa
□ FL	□ MI	□ок	□ wv
□ GA	□ MN	□ OR	□ wi
□ GU	□ MS	□ PA	□ wy
□н	Д мо	□ PR	☐ Other:
□ ID	□мт	□ RI	
List your other business r		use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Jurisdictions			
□ AL	□ı∟	□ NE	□ sc
□ AK	□ IN	□ NV	□ SD
□ AZ	□ IA	□ NH	□ TN
□ AZ	□ KS		□ TX
□ CA	□ KY	□ NM	□ ∪⊤
□ co	∥ □ LA	□ NY	□ VT
□ ст -	□ ME	□ NC	□ vi
□ DE	□ MD	□ ND	□ VA
□ DC	☑ MA	□ он	□ WA
□ FL	□ MI	ГОК	∥ □ w∨
□ GA	□ MN	□ OR	∥ □ wı
□ GU	☐ MS	□ PA	□ wy
□нг	□мо	□ PR	☐ Other:
□ ID	□ MT	☑ RI	
ist your other business r	names and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: REDWOOD FINANC	CIAL, LLC		
Jurisdictions	I	1	
☐ AL		□ NE	□ sc
□ AK	□IN	□ NV	□ SD
□ AZ	□IA	□ NH	□ TN
☑ AR	□ KS	□ NJ	□TX
□ CA	□ KY	□ NM	□ ∪т
□ co	□ LA	□ NY	□VT
СТ	□ ME	□ NC	□VI
□ DE	□ MD	□ ND	□ VA
		II III	
□ DC	□ MA	□ он	∥ □ wa

□ FL	∥ □ MI	□ OK	□ WV
□ GA	☐ MN	□ OR	□WI
□ GU	□ MS	□ PA	□ wy
□н	□мо	□ PR	☐ Other:
□ID	□ MT	□ RI	
List your other business names and the	jurisdictions in which you use them. You r	nust complete a separate Schedule D Sec	tion 1.B. for each business name.
Name: COTA STREET INVESTMENT MANA	CEMENT		
Name: COTA STREET INVESTIGENT MANA	GEIVIEIVI		
Jurisdictions			
□ AL		□ NE	□sc
□AK	□ IN	□ NV	□SD
□ AZ	□ IA	□NH	□TN
☐ AR	□ KS	□ NJ	□ TX
☑ CA	□ KY	□ NM	□ UT
□со	□ LA	□NY	□VT
□ст	□ ME	□ NC	□VI
□ DE	□ MD	□ND	□VA
□ DC	□ MA	□ он	□WA
□FL	□м	□ ок	□wv
□ GA	□ MN	□ OR	□WI
□ GU	□ MS	□ PA	□wy
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List your other business names and the	jurisalctions in which you use them. You r	nust complete a separate Schedule D Sec	tion 1.B. for each business name.
Name: COTA ST. INVESTMENT MANAGEM	•	nust complete a separate Schedule D Sec	tion 1.B. for each business name.
	•	nust complete a separate Schedule D Sec	tion 1.B. for each business name.
Name: COTA ST. INVESTMENT MANAGEM	ENT		
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions	ENT	NE	□ sc
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK	ENT IL IN	□ NE □ NV	□ sc □ sd
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ	ENT IL IN IA	□ NE □ NV □ NH	□ SC □ SD □ TN
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK	ENT IL IN	□ NE □ NV	□ sc □ sd
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR	ENT IL IN IA	□ NE □ NV □ NH	□ SC □ SD □ TN
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions □ AL □ AK □ AZ □ AR ■ CA	ENT IL IN IA KS KY	□ NE □ NV □ NH □ NJ □ NM	SC SD TN TX
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO	ENT IL IN IA KS KY LA	□ NE □ NV □ NH □ NJ □ NM □ NY	□ SC □ SD □ TN □ TX □ UT □ VT
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT	ENT IL IN IA KS KY LA ME	 □ NE □ NV □ NH □ NJ □ NM □ NY □ NC 	□ SC □ SD □ TN □ TX □ UT □ VT □ VI
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE	ENT IL IN IA KS KY LA ME MD	NE	□ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT	ENT IL IN IA KS KY LA ME	 □ NE □ NV □ NH □ NJ □ NM □ NY □ NC 	□ SC □ SD □ TN □ TX □ UT □ VT □ VI
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE	ENT IL IN IA KS KY LA ME MD	□ NE □ NV □ NH □ NJ □ NM □ NY □ NC □ ND	□ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL	ENT IL IN IA KS KY LA ME MD MA MA	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA	ENT IL IN IA KS KY LA ME MD MD MA MI MI	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	ENT IL	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA	ENT IL IN IA KS KY LA ME MD MD MA MI MI	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	ENT IL	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI	ENT IL IN IA KS KY LA ME MD MA MI MN MN MS MO	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI	ENT IL IN IA KS KY LA ME MD MA MI MN MN MS MO	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI	ENT IL IN IA KS KY LA ME MD MA MI MN MN MS MO	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI	ENT IL IN IA KS KY LA ME MD MA MI MN MN MS MO	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID	ENT IL IN IA KS KY LA ME MD MA MI MN MN MS MO	NE	SC SD TN TX UT VI VI VA WA WV WI WI Other:
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID	IL	NE	SC
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID List your other business names and the	ENT IL	NE	SC SD TN TX UT VI VI VA WA WV WI WI Other:
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID	ENT IL	NE	SC SD TN TX UT VI VI VA WA WV WI WI Other:
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID List your other business names and the Name: COTA STREET ASSET MANAGEMEN	ENT IL	NE	SC SD TN TX UT VI VI VA WA WV WI WI Other:
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID List your other business names and the	ENT IL	NE	SC SD TN TX UT VI VI VA WA WV WI WI Other:
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID List your other business names and the Name: COTA STREET ASSET MANAGEMEN	ENT IL	NE	SC SD TN TX UT VI VI VA WA WV WI WI Other:
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID List your other business names and the Name: COTA STREET ASSET MANAGEMEN Jurisdictions	ENT IL IN IA KS KY LA ME MD MA MI MN MS MO MT jurisdictions in which you use them. You re	NE NV NH NJ NM NY NC ND OH OK OR PA PR RI RI NUST complete a separate Schedule D Sec	SC SD TN TX UT VT VI VA WA WV WV WI Other:
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID List your other business names and the Name: COTA STREET ASSET MANAGEMEN Jurisdictions AL AK	ENT IL IN IA KS KY LA ME MD MN MN MN MS MO MT Jurisdictions in which you use them. You re	NE NV NH NJ NM NY NC ND OH OK OR PA PR RI RI	SC SD TN TX UT VI VI VA WA WA WY Other: tion 1.B. for each business name.
Name: COTA ST. INVESTMENT MANAGEM Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI ID List your other business names and the Name: COTA STREET ASSET MANAGEMEN Jurisdictions	ENT IL IN IA KS KY LA ME MD MA MI MN MS MO MT jurisdictions in which you use them. You re	NE NV NH NJ NM NY NC ND OH OK OR PA PR RI RI NUST complete a separate Schedule D Sec	SC SD TN TX UT VT VI VA WA WV WV WI Other:

□ со □ ст		∥ L NM	L UI	
□ст	∥ □ LA	□ NY	□ VT	
	□ ME	□ NC	□VI	
□ DE	□ MD	□ ND	□ VA	
□ DC	□ MA	□ OH	□ WA	
□ FL	□ MI	□ок	□ w∨	
□ GA	□ MN	□ OR	□ WI	
□ GU	☐ MS	□ PA	□ WY	
□нг	□ мо	□ PR	□ Other:	
□ID	□мт	□ RI		
List your other business names a	ınd the jurisdictions in which you i	use them. You must complete a separate S	Schedule D Section 1.B. for each business nam	ne.
Name: HEALEY & ASSOCIATES, IN	NC.			
Jurisdictions				
□ AL	□IL	□ NE	□ sc	
□ AK	□ IN	□ NV	□SD	
□ AZ	□IA	∥ □ NH	□ TN	
□ AR	□ KS	∥ □ NJ	□тx	
□ CA	□ KY	□ NM	□ UT	
□ co	□ LA	□ NY	□ VT	
□ст	™ ME	□ NC	□ vi	
□ DE	□ MD	□ ND	□ VA	
DC _	☐ MA	ОН	□ WA	
□ FL	□ MI	□ OK	□ wv	
☐ GA	☐ MN	□ OR	∥ □ wı	
☐ GU	☐ MS	□ PA	□ WY	
□нг	□ мо	□ PR	☐ Other:	
□ID	□мт	□ RI		
List your other business names a	and the jurisdictions in which you r	use them. You must complete a separate S	Schedule D Section 1.B. for each business nam	ne.
N M EMPLOYEE DENEELTO				
Name: M EMPLOYEE BENEFITS				
Jurisdictions				
Jurisdictions AL	Піг	□ NE	□ sc	
	□ IL □ IN	□ NE □ NV	□ SC □ SD	
□ AL □ AK	□IN			
□ AL □ AK □ AZ	□ IN □ IA	□ NV □ NH	□ SD □ TN	
□ AL □ AK □ AZ □ AR	□ IN □ IA □ KS	□ NJ	SD TN TX	
□ AL □ AK □ AZ □ AR □ CA	□ IN □ IA □ KS □ KY	□ NM □ NA □ NA	SD TN TX UT	
□ AL □ AK □ AZ □ AR □ CA □ CO	□ IN □ IA □ KS □ KY □ LA	□ NY □ NY □ NY	SD TN TX UT VT	
□ AL □ AK □ AZ □ AR □ CA □ CO □ CT	□ IN □ IA □ KS □ KY □ LA ■ ME	□ NV □ NH □ NJ □ NM □ NY □ NC	SD TN TX UT VT	
□ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE	□ IN □ IA □ KS □ KY □ LA ■ ME □ MD	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND	SD TN TX UT VT VI VA	
□ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC	☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☑ ME ☐ MD ☐ MA	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH	SD TN TX UT VT VI VA WA	
□ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC □ FL	☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☑ ME ☐ MD ☐ MA ☐ MI	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH □ OK	TN TX UT VI VA WA WV	
□ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC	☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☑ ME ☐ MD ☐ MA ☐ MI ☐ MN	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH	TN TX UT VI VA WA WV WV	
□ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC □ FL	☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☑ ME ☐ MD ☐ MA ☐ MI	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH □ OK	TN TX UT VI VA WA WV	
☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ DC ☐ FL ☐ GA	☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☑ ME ☐ MD ☐ MA ☐ MI ☐ MN	NV	TN TX UT VI VA WA WV WV	
☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ DC ☐ FL ☐ GA ☐ GU	□ IN □ IA □ KS □ KY □ LA ☑ ME □ MD □ MA □ MI □ MN □ MN	□ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH □ OK □ OR □ PA	TN TX UT VI VA WA WV WV WV	

Name: REBORN FINANCIAL SERVICES

Jurisdictions			
□ AL	□IL	□ NE	□ SC
□ AK	□IN	□ NV	□ SD
□ AZ	□IA	□NH	□TN
☑ AR	□ KS	□ NJ	□ TX
□ CA	□ KY	□ NM	□ UT
СО	□ LA	□ NY	□ VT
	□ ME	□ NC	□ VI
СТ			
□ DE	□ MD	□ ND	□ va
□ DC	□ MA	ОН	□ wa
□ FL	□ MI	□ ok	□ wv
□ GA	☐ MN	□ OR	□ WI
□ GU	□MS	□ PA	□ WY
□ні	□мо	□ PR	Other:
□ID	□ MT	□ RI	
	urisdictions in which you use them. You m	nust complete a separate Schedule D Sect	ion 1.B. for each business name.
Name: SEQUOIA CONSULTING GROUP			
Jurisdictions			=
□ AL		□ NE	□ sc
□ AK	□ IN	□ NV	SD
□ AZ	□ IA	□ NH	□ TN
☐ AR	□ KS	□ NJ	□ TX
☑ CA	□ KY	□ NM	□ UT
СО	□LA	☑ NY	□ VT
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□ DE	□ MD	□ND	□VA
□ DC	□ MA	□он	□ wa
□ FL	□ мі	ОК	□ wv
☐ GA	□ MN	OR	□ WI
GU	□ MS	□ PA	□ WY
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List your other business names and the j	urisdictions in which you use them. You m	nust complete a separate Schedule D Sect	ion 1.B. for each business name.
Jurisdictions			
□ AL	□IL	□ NE	□ sc
□ AK	□IN	□NV	□SD
□ AZ	□IA	□NH	□ TN
□ AR	□ KS	□ NJ	☑ TX
□ CA	□ KY	□ NM	□ UT
□ co	□ LA	□NY	□ VT
СТ	□ ME	□ NC	□ VI
□ DE	□ MD	□ ND	□ VA
□ DC	□ MA	ОН	□ wa
□ FL	□ MI	□ ok	□ wv
□ GA	□ MN	□ OR	□ WI
□GU	□MS	□ PA	□ wy
□н	□ мо	□ PR	Other:
□ID	□мт	□RI	

List your other business r	names and the jurisdictions in which you	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
Name: PENSION INSIGHT			
Jurisdictions			
□ AL	□ IL	□ NE	□sc
□ AK	∥ □ IN	□ NV	□SD
□ AZ	□IA	□ NH	□ TN
□ AR	□ KS	□ NJ	□ TX
▽ CA	□ KY	□ NM	□ UT
СО	□ LA	□ NY	□ VT
□ CT	□ ME	□ NC	∥ □ VI
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Name: SOURJOHN-KIM RETIREMENT S	SOLUTIONS		
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ist your other business n	ames and the jurisdictions in which you ι	use them. You must complete a separate	Schedule D Section 1.B. for each business name.
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Name: WORLD PRIVATE CL	LIENT GROUP			
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SECTION 1.F. Other Offices			
	tion 1.F. for each location. If y	you are applying for SEC registra	at which you conduct investment advisory business. You ation, if you are registered only with the SEC, or if you are an
Number and Street 1: 1850 GATEWAY DRIVE		Number and Street 2: SUITE 700	
City:	State:	Country:	ZIP+4/Postal Code:
SAN MATEO	California	United States	94404
If this address is a private residence, chec	k this box:		
Telephone Number:	Facsimile Number,	if anv:	
6508049519			
If this office location is also required to be on the Uniform Branch Office Registration 694198	-	-	nch office location for a broker-dealer or investment adviser
How many <i>employees</i> perform investment 1	advisory functions from this o	ffice location?	
Are other business activities conducted at	stered) able department or division of	f a bank)	stration)
Describe any other investment-related bus	siness activities conducted fron	m this office location:	
	tion 1.F. for each location. If y	you are applying for SEC registra	at which you conduct investment advisory business. You attion, if you are registered only with the SEC, or if you are an
Number and Street 1: 2913 S. PULLMAN STREET		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
SANTA ANA	California	United States	92705
If this address is a private residence, chec	k this box:		
Telephone Number: 949-261-5335	Facsimile Number,	if any:	
If this office location is also required to be on the Uniform Branch Office Registration 669741	•	_	nch office location for a broker-dealer or investment adviser
How many <i>employees</i> perform investment 2	advisory functions from this o	ffice location?	

Are other business activities conducted a	at this office location? (check	all that apply)		
$lackbox{\em I}$ (1) Broker-dealer (registered or unreg	gistered)			
\square (2) Bank (including a separately ident	ifiable department or divisior	n of a bank)		
☑ (3) Insurance broker or agent				
☐ (4) Commodity pool operator or comm	nodity trading advisor (wheth	ner registered or exempt from re	egistration)	
(5) Registered municipal advisor				
☐ (6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related by	usiness activities conducted f	rom this office location:		
	ection 1.F. for each location.	If you are applying for SEC regi	ss, at which you conduct investment advisory business. Y stration, if you are registered only with the SEC, or if you	
Number and Street 1: 18586 MAIN STREET		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
HUNTINGTON BEACH	California	United States	92648	
If this address is a private residence, ch	eck this box:			
Telephone Number: 8003413087	Facsimile Numb	er, if any:		
If this office location is also required to be on the Uniform Branch Office Registration 719360	•	•	oranch office location for a broker-dealer or investment a ere:	dviser
How many <i>employees</i> perform investmen 3	nt advisory functions from thi	s office location?		
Are other business activities conducted a ☑ (1) Broker-dealer (registered or unreg ☐ (2) Bank (including a separately ident) ☑ (3) Insurance broker or agent	gistered)	., .,		
\square (4) Commodity pool operator or comm	nodity trading advisor (wheth	ner registered or exempt from re	egistration)	
☐ (5) Registered municipal advisor				
(6) Accountant or accounting firm				
\square (7) Lawyer or law firm				
Describe any other investment-related by	usiness activities conducted f	rom this office location:		
	ection 1.F. for each location.	If you are applying for SEC regi	ss, at which you conduct investment advisory business. Y stration, if you are registered only with the SEC, or if you	
Number and Street 1: 840 GESSNER ROAD		Number and Street 2: SUITE 700		
City:	State:	Country:	ZIP+4/Postal Code:	
HOUSTON	Texas	United States	77024	
If this address is a private residence, ch	eck this box:			
Telephone Number:	Facsimile Nur	nber, if any:		
786.456.8000		-		
If this office location is also required to I	oe registered with FINRA or a	state securities authority as a b	oranch office location for a broker-dealer or investment a	ıdviser

on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:

669724				
How many <i>employees</i> perform investment advisor 2	ry functions from th	is office location?		
Are other business activities conducted at this off ✓ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable de ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity tra ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm	partment or division	n of a bank) her registered or exempt from r	egistration)	
Describe any other <i>investment-related</i> business a	ctivities conducted	from this office location:		
	f. for each location.	If you are applying for SEC reg	ess, at which you conduct investment advisory business. istration, if you are registered only with the SEC, or if you	
Number and Street 1: 9821 KATY FREEWAY		Number and Street 2: SUITE 400		
City: HOUSTON	State: Texas	Country: United States	ZIP+4/Postal Code: 77024	
If this address is a private residence, check this b	oox: 🗖			
Telephone Number: 713-993-0949	Facsimile Nu	mber, if any:		
If this office location is also required to be registed on the Uniform Branch Office Registration Form (F			branch office location for a broker-dealer or investment ere:	adviser
How many <i>employees</i> perform investment advisor 2	ry functions from th	is office location?		
Are other business activities conducted at this off (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable dealer) (3) Insurance broker or agent				
(4) Commodity pool operator or commodity tra	iding advisor (whetl	her registered or exempt from r	registration)	
(6) Accountant or accounting firm (7) Lawyer or law firm				
Describe any other <i>investment-related</i> business a	ctivities conducted	from this office location:		
,	f. for each location.	If you are applying for SEC reg	ess, at which you conduct investment advisory business. istration, if you are registered only with the SEC, or if you	
Number and Street 1: 10 DORRANCE STREET		Number and Stre SUITE 524	eet 2:	
City: PROVIDENCE	State: Rhode Island	Country: United States	ZIP+4/Postal Code: 02903	
If this address is a private residence, check this b	oox:			
Telephone Number: 401-272-7070	Facsimile Number,	if any:		

If this office location is also required to be registered on the Uniform Branch Office Registration Form (Form 10143		3	e location for a broker-dealer or investment adviser
How many <i>employees</i> perform investment advisory full	nctions from this office	e location?	
Are other business activities conducted at this office ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable depart ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity trading ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm ✓ (7) Lawyer or law firm	ment or division of a l	pank)	
Describe any other <i>investment-related</i> business activi	ties conducted from th	nis office location:	
Complete the following information for each office, of must complete a separate Schedule D Section 1.F. fo exempt reporting adviser, list only the largest twenty-formation for each office, of must complete a separate Schedule D Section 1.F. for exempt reporting adviser, list only the largest twenty-formation for each office, of must complete the following information for each office, of must complete the following information for each office, of must complete the following information for each office, of must complete the following information for each office, of must complete a separate Schedule D Section 1.F. for exempt reporting adviser, list only the largest twenty-formation for each office, of the following information for each office, of the	each location. If you	are applying for SEC registration, if	n you conduct investment advisory business. You you are registered only with the SEC, or if you are an
Number and Street 1:		Number and Street 2:	
12060 BAYONNE STREET City:		SUITE 2 Country:	ZIP+4/Postal Code:
JACKSONVILLE		United States	32224
If this address is a private residence, check this box:			
Telephone Number: 904-332-3782	Facsimile Number, i	f any:	
If this office location is also required to be registered on the Uniform Branch Office Registration Form (Form 669822		-	e location for a broker-dealer or investment adviser
How many <i>employees</i> perform investment advisory full	nctions from this office	e location?	
Are other business activities conducted at this office ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable depart ✓ (3) Insurance broker or agent			
 ☐ (4) Commodity pool operator or commodity trading ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm 	g advisor (whether reg	istered or exempt from registration	
(7) Lawyer or law firm			
Describe any other <i>investment-related</i> business activi	ties conducted from th	nis office location:	
Complete the following information for each office, of must complete a separate Schedule D Section 1.F. fo exempt reporting adviser, list only the largest twenty-formation in the second section of the second section of the second second second second section in the second se	each location. If you	are applying for SEC registration, if	n you conduct investment advisory business. You you are registered only with the SEC, or if you are an
Number and Street 1: 108 W. 39TH STREET		Number and Street 2: SUITE 305	
3	State:	Country:	ZIP+4/Postal Code:
NEW YORK	New York	United States	10018

If this address is a private residence, check this box	x: 🗖			
Telephone Number: 212-790-2835	Facsimile Numbe	er, if any:		
If this office location is also required to be registered on the Uniform Branch Office Registration Form (For		•		estment adviser
How many <i>employees</i> perform investment advisory 2	functions from this	s office location?		
Are other business activities conducted at this office \Box (1) Broker-dealer (registered or unregistered)	e location? (check	all that apply)		
\square (2) Bank (including a separately identifiable depart	artment or division	n of a bank)		
(3) Insurance broker or agent				
(4) Commodity pool operator or commodity tradi	ing advisor (wheth	ner registered or exempt from r	egistration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related business act	ivities conducted f	rom this office location:		
Complete the following information for each office, must complete a separate Schedule D Section 1.F. exempt reporting adviser, list only the largest twenty	for each location.	If you are applying for SEC reg	istration, if you are registered only with the SEC	
Number and Street 1: 172 S. ACADEMY AVENUE		Number and Street 2: SUITE 130		
City: EAGLE	State: Idaho	Country: United States	ZIP+4/Postal Code: 83616	
If this address is a private residence, check this box	x: 🗖			
Telephone Number: 208-939-0233	Facsimile Nur	mber, if any:		
If this office location is also required to be registered on the Uniform Branch Office Registration Form (For		•		estment adviser
How many <i>employees</i> perform investment advisory 2	functions from this	s office location?		
Are other business activities conducted at this office (1) Broker-dealer (registered or unregistered)	e location? (check	all that apply)		
\square (2) Bank (including a separately identifiable depart	artment or divisior	n of a bank)		
☑ (3) Insurance broker or agent				
\square (4) Commodity pool operator or commodity tradi	ing advisor (wheth	ner registered or exempt from r	egistration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other <i>investment-related</i> business act	ivities conducted f	from this office location:		
Complete the following information for each office, must complete a separate Schedule D Section 1.F. exempt reporting adviser, list only the largest twenty	for each location.	If you are applying for SEC reg	istration, if you are registered only with the SEC	

Number and Street 2:

Country:

State:

2040 LANDMARK TOWERS

ZIP+4/Postal Code:

Number and Street 1:

City:

345 SAINT PETER STREET

If this address is a private residence, check this box	: □			
Telephone Number: 651-209-9812	Facsimile Number, i	if any:		
If this office location is also required to be registered on the Uniform Branch Office Registration Form (For 669726		•	a branch office location for a broker-dealer or investmen here:	ıt adviser
How many <i>employees</i> perform investment advisory f	unctions from this c	office location?		
Are other business activities conducted at this office ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable depa ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity tradir ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm ✓ (7) Lawyer or law firm	rtment or division of	f a bank)	ı registration)	
Describe any other investment-related business activ	vities conducted fror	m this office location:		
	or each location. If y	you are applying for SEC re	iness, at which you conduct investment advisory business egistration, if you are registered only with the SEC, or if s).	
Number and Street 1: 19243 FM 2252		Number and Street 2: SUITE 300		
City: GARDEN RIDGE	State: Texas	Country: United States	ZIP+4/Postal Code: 78266	
If this address is a private residence, check this box	: 🗖			
Telephone Number: 210-444-9272	Facsimile Numbe	er, if any:		
If this office location is also required to be registered on the Uniform Branch Office Registration Form (For 669727			a branch office location for a broker-dealer or investmen here:	nt adviser
How many <i>employees</i> perform investment advisory f	unctions from this o	office location?		
Are other business activities conducted at this office ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable depa ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity tradir ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm ✓ (7) Lawyer or law firm	rtment or division of	f a bank)	n registration)	
Describe any other investment-related business active	vities conducted fror	m this office location:		

United States

55102

Minnesota

ST. PAUL

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 2829 E. DUPONT ROAD		Number and Street 2:	
	Ctata	Country	ZID : 4/Postal Code:
City: FT. WAYNE	State: Indiana	Country: United States	ZIP+4/Postal Code: 46825
If this address is a private residence, check this box			
Telephone Number: 260-490-2005	Facsimile Number,	if any:	
If this office location is also required to be registered on the Uniform Branch Office Registration Form (Form 669725		_	nch office location for a broker-dealer or investment adviser
How many <i>employees</i> perform investment advisory for 1	unctions from this of	fice location?	
Are other business activities conducted at this office	location? (check all	that apply)	
☑ (1) Broker-dealer (registered or unregistered)			
(2) Bank (including a separately identifiable depar	tment or division of	a bank)	
☑ (3) Insurance broker or agent		,	
☐ (4) Commodity pool operator or commodity tradin	na advisor (whether r	registered or evemnt from regis	etration
☐ (5) Registered municipal advisor	ig advisor (whether i	egistered of exempt from regis	stration)
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related business activ	rities conducted from	this office location:	
	or each location. If yo	ou are applying for SEC registra	at which you conduct investment advisory business. You ation, if you are registered only with the SEC, or if you are ar
Number and Street 1: 1873 S. BELLAIRE		Number and Street 2: SUITE 600	
	State:	Country:	ZIP+4/Postal Code:
City: DENVER	Colorado	United States	80222
BLIVER	00101 440	Sinted States	00222
If this address is a private residence, check this box	. 🗆		
Telephone Number: 303-863-7788	Facsimile Number, i	if any:	
If this office location is also required to be registered on the Uniform Branch Office Registration Form (Form 669734		_	nch office location for a broker-dealer or investment adviser
How many <i>employees</i> perform investment advisory for 2	unctions from this of	fice location?	
Are other business activities conducted at this office ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable depart ✓ (3) Insurance broker or agent			
\square (4) Commodity pool operator or commodity tradin \square (5) Registered municipal advisor	ng advisor (whether r	registered or exempt from regis	stration)
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other <i>investment-related</i> business activ	vities conducted from	this office location:	

	gest twenty-five offices (in terr	ms of numbers of <i>employees</i>).	ion, if you are registered only with the SEC, or if you are	an
Number and Street 1: 28202 CABOT ROAD		Number and Street 2: SUITE 300		
City: LAGUNA NIGUEL	State: California	Country: United States	ZIP+4/Postal Code: 92677	
If this address is a private residence, ch	eck this box:			
Telephone Number: 949-940-8701	Facsimile Number	, if any:		
If this office location is also required to lon the Uniform Branch Office Registration	_	_	h office location for a broker-dealer or investment advise	۶r
How many <i>employees</i> perform investment 2	nt advisory functions from this	office location?		
Are other business activities conducted at (1) Broker-dealer (registered or unred) (2) Bank (including a separately ident) (3) Insurance broker or agent (4) Commodity pool operator or commodity (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	gistered) tifiable department or division o	of a bank)	ration)	
Describe any other investment-related b	usiness activities conducted fro	om this office location:		
	ection 1.F. for each location. If	you are applying for SEC registrat	which you conduct investment advisory business. You ion, if you are registered only with the SEC, or if you are	an
-				
Number and Street 1: 115 VIP DRIVE		Number and Street 2: SUITE 120		
Number and Street 1:	State: Pennsylvania		ZIP+4/Postal Code: 15090	
Number and Street 1: 115 VIP DRIVE City:	Pennsylvania 	SUITE 120 Country:		
Number and Street 1: 115 VIP DRIVE City: WEXFORD	Pennsylvania 	SUITE 120 Country: United States		
Number and Street 1: 115 VIP DRIVE City: WEXFORD If this address is a private residence, ch Telephone Number: 855-817-3133	Pennsylvania leck this box: Facsimile Number, if be registered with FINRA or a s	SUITE 120 Country: United States any: state securities authority as a branc		ìr
Number and Street 1: 115 VIP DRIVE City: WEXFORD If this address is a private residence, ch Telephone Number: 855-817-3133 If this office location is also required to loon the Uniform Branch Office Registration	Pennsylvania neck this box: Facsimile Number, if be registered with FINRA or a son Form (Form BR), please prov	SUITE 120 Country: United States any: state securities authority as a brancide the CRD Branch Number here:	15090	;r

Describe any other investment-relate	ed business activities conducted	from this office location:	
	D Section 1.F. for each location.	If you are applying for SEC reg	ess, at which you conduct investment advisory business. You gistration, if you are registered only with the SEC, or if you are ar
Number and Street 1: 237 MILLSAP ROAD		Number and Street 2	2:
City: FAYETTEVILLE	State: Arkansas	Country: United States	ZIP+4/Postal Code: 72703
If this address is a private residence	, check this box: \square		
Telephone Number: 479-845-6220	Facsimile Numb	per, if any:	
If this office location is also required on the Uniform Branch Office Registr. 672354	•		branch office location for a broker-dealer or investment adviser nere:
How many <i>employees</i> perform invest 2	ment advisory functions from th	is office location?	
Are other business activities conduct (1) Broker-dealer (registered or u (2) Bank (including a separately ic (3) Insurance broker or agent (4) Commodity pool operator or cc (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related	nregistered) dentifiable department or division commodity trading advisor (whether	n of a bank) her registered or exempt from r	registration)
	D Section 1.F. for each location.	If you are applying for SEC reg	ess, at which you conduct investment advisory business. You gistration, if you are registered only with the SEC, or if you are an
Number and Street 1: 149 NORTH 1200 EAST		Number and Street 2:	
City: LEHI	State: Utah	Country: United States	ZIP+4/Postal Code: 84043
If this address is a private residence	, check this box: \square		
Telephone Number: 866-963-6973	Facsimile Nu	mber, if any:	
If this office location is also required on the Uniform Branch Office Registre 669736	•		branch office location for a broker-dealer or investment adviser nere:
How many <i>employees</i> perform invest 2	ment advisory functions from th	is office location?	
Are other business activities conduct ☐ (1) Broker-dealer (registered or u ☐ (2) Bank (including a separately id ☐ (3) Insurance broker or agent	nregistered)	n of a bank)	registration)

(5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related busin	ess activities conducted from	this office location:	
	CC' 11 11 11 1		
		·	iness, at which you conduct investment advisory business. You
exempt reporting adviser, list only the larges			egistration, if you are registered only with the SEC, or if you are ar
exempt reporting adviser, list only the larges	t twenty-live offices (iii terms	of Hambers of Employees	3).
Number and Street 1:		Number and Stree	at 2.
City:	State:	Country:	ZIP+4/Postal Code:
City.	State.	Country.	ZIF+4/FOStal Code.
If this address is a private residence, check	this hov:		
Tritils address is a private residence, effect	tills box.		
Telephone Number:	Facsimile Nun	nher if any	
786-456-8000	r acsimile ival	nber, ir arry.	
If this office location is also required to be r	egistered with FINRA or a <i>stat</i>	te securities authority as a	a branch office location for a broker-dealer or investment adviser
on the Uniform Branch Office Registration Fo	•	•	
669762			
How many employees perform investment a	dvisory functions from this offi	ce location?	
1			
Are other business activities conducted at the	nis office location? (check all th	hat apply)	
lacksquare (1) Broker-dealer (registered or unregisted	ered)		
\square (2) Bank (including a separately identifial	ole department or division of a	bank)	
☑ (3) Insurance broker or agent			
(4) Commodity pool operator or commod	ity trading advisor (whether re	egistered or exempt from	registration)
(5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
(/) Lawyer or law min			
Describe any other <i>investment-related</i> busin	ess activities conducted from	this office location:	
		·	iness, at which you conduct investment advisory business. You
exempt reporting adviser, list only the larges			egistration, if you are registered only with the SEC, or if you are ar
exempt reporting adviser, list only the larges	t twenty-live offices (iii terms	of Humbers of employees	5).
Number and Street 1:		Number and Stree	at 2.
City:	State:	Country:	ZIP+4/Postal Code:
City.	State.	Country.	ZII +4/1 Ostal Gode.
If this address is a private residence, check	this box:		
Telephone Number:	Facsimile Nun	mber, if any:	
512-431-9156	r doonning real		
If this office location is also required to be r	egistered with FINRA or a <i>stat</i>	e securities authority as a	a branch office location for a broker-dealer or investment adviser
on the Uniform Branch Office Registration Fo	_		
669729			
How many employees perform investment a	dvisory functions from this offi	ce location?	
2			
Are other business activities conducted at the	nis office location? (check all th	hat apply)	
$lackbox{\em Z}$ (1) Broker-dealer (registered or unregisted	ered)		
\square (2) Bank (including a separately identifial	ole department or division of a	bank)	
☑ (3) Insurance broker or agent			

(4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(5) Registered municipal advisor				
\square (6) Accountant or accounting firm				
\square (7) Lawyer or law firm				
Describe any other <i>investment-relate</i>	ed business activities conducted from	m this office location:		
Complete the following information f	or each office, other than your <i>prin</i>	cipal office and place of business, at	which you conduct investment advisory busi	iness. You
must complete a separate Schedule	D Section 1.F. for each location. If	you are applying for SEC registrati	on, if you are registered only with the SEC, o	or if you are a
exempt reporting adviser, list only the	e largest twenty-five offices (in term	ns of numbers of <i>employees</i>).		
Number and Street 1:		Number and Str	eat 2	
5335 WISCONSIN AVENUE, NW		SUITE 640	oct 2.	
City:	State:	Country:	ZIP+4/Postal Code:	
WASHINGTON	District of Columbia	United States	20015	
If this address is a private residence	, check this box:			
Telephone Number: 202-243-0562	Facsimile Number, if any: 202-686-2877			
202-243-0302	202-000-2011			
If this office location is also required	to be registered with FINRA or a si	tate securities authority as a branc	h office location for a broker-dealer or investi	ment adviser
on the Uniform Branch Office Registra	_	-		
706413				
How many <i>employees</i> perform invest ₁	ment advisory functions from this c	office location?		
1				
Are other business activities conduct	ed at this office location? (check al	I that apply)		
☑ (1) Broker-dealer (registered or u		11 37		
\square (2) Bank (including a separately id	dentifiable department or division o	f a bank)		
\square (3) Insurance broker or agent	·	,		
\square (4) Commodity pool operator or co	ommodity trading advisor (whether	registered or exempt from registr	ration)	
(5) Registered municipal advisor	, , , , , , , , , , , , , , , , , , ,	-3	,	
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
(7) Lawyer or law min				
Describe any other <i>investment-relate</i>	ed business activities conducted from	m this office location:		
-				
		·	which you conduct investment advisory busi on, if you are registered only with the SEC, o	
exempt reporting adviser, list only the				3 · · · · ·
Number and Street 1:		Number and Street 2:		
5305 VILLAGE PARKWAY		SUITE 5		
City:	State:	Country:	ZIP+4/Postal Code:	
ROGERS	Arkansas	United States	72758	
If this address is a private residence	check this hox:			
ir tills address is a private residence	, check this box.			
Telephone Number:	Facsimile Number,	, if any:		
473-845-6220				
			h office location for a broker-dealer or invest	ment adviser
on the Uniform Branch Office Registra	ation Form (Form BR), please provi	de the <i>CRD</i> Branch Number here:		
670121				
Have many and the control of the con	manust adules we from the Control	office least!===0		
How many <i>employees</i> perform invest 4	ment advisory functions from this c	office location?		
ı				

Are other business activities conducted at this office location? (check all that apply)

☑ (1) Broker-dealer (registered or unregistered)				
\square (2) Bank (including a separately identifiable depart	artment or division o	of a bank)		
☑ (3) Insurance broker or agent				
(4) Commodity pool operator or commodity tradi	ng advisor (whethe	r registered or exempt from regis	tration)	
(5) Registered municipal advisor		· ·		
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
_ (,)				
Describe any other investment-related business acti	vities conducted fro	om this office location:		
		·	at which you conduct investment advisory business. You ation, if you are registered only with the SEC, or if you a	
exempt reporting adviser, list only the largest twenty			ation, if you are registered only with the 326, or if you a	iic aii
Number and Street 1:		Number and Street 2:		
5401 BUSINESS PARK SOUTH				
City: BAKERSFIELD	State: California	Country: United States	ZIP+4/Postal Code: 93309	
If this address is a private residence, check this box	к: 🗖			
Telephone Number: 6613024950	Facsimile Number	r, if any:		
If this office location is also required to be registered on the Uniform Branch Office Registration Form (For		-	nch office location for a broker-dealer or investment adv	'iser
How many <i>employees</i> perform investment advisory 3	functions from this	office location?		
Are other business activities conducted at this office (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable depart (3) Insurance broker or agent				
(4) Commodity pool operator or commodity tradi	ng advisor (whethe	r registered or exempt from regis	tration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related business acti	vities conducted fro	om this office location:		
	for each location. If	you are applying for SEC registra	at which you conduct investment advisory business. You ation, if you are registered only with the SEC, or if you a	
Number and Street 1: 6409 81ST STREET		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
CABIN JOHN	Maryland	United States	20818	
If this address is a private residence, check this box	k: 🗖			
Telephone Number: 7038474380	Facsimile Number	r, if any:		
If this office location is also required to be registered on the Uniform Branch Office Registration Form (For		_	nch office location for a broker-dealer or investment adv	'iser
How many <i>employees</i> perform investment advisory	functions from this	office location?		

(1) Broker-dealer (registered or un	•	п тпат арргу)		
(1) Broker-dealer (registered of un	•	of a hank)		
(3) Insurance broker or agent	entinable department of division of	or a barry		
(4) Commodity pool operator or co	mmodity trading advisor (whatha	r registered or evernt from regist	ration)	
(4) Commodity pool operator of co	minounty trading advisor (whether	registered or exempt from regist	ration)	
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related	d business activities conducted fro	om this office location:		
must complete a separate Schedule D	Section 1.F. for each location. If	you are applying for SEC registra	t which you conduct investment advisory be tion, if you are registered only with the SEC	
exempt reporting adviser, list only the	largest twenty-five offices (in terr	ns or numbers of <i>employees</i>).		
Number and Street 1: 320 SEVEN SPRINGS WAY		Number and Street 2: SUITE 250		
City: NASHVILLE	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37027	
If this address is a private residence,	check this box:			
Telephone Number: 615-515-0905	Facsimile Number,	if any:		
If this office location is also required to the Uniform Branch Office Registra	3	3	ch office location for a broker-dealer or inv	estment adviser
How many <i>employees</i> perform investre 2	nent advisory functions from this	office location?		
Are other business activities conducted (1) Broker-dealer (registered or und (2) Bank (including a separately ideal (3) Insurance broker or agent (4) Commodity pool operator or column (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	registered) entifiable department or division o	of a bank)	ration)	
Describe any other investment-related	d business activities conducted fro	om this office location:		
	Section 1.F. for each location. If	you are applying for SEC registra	t which you conduct investment advisory be tion, if you are registered only with the SEC	
Number and Street 1: 2901 HALLMARK PLACE		Number and Street 2:		
City: ESCONDIDO	State: California	Country: United States	ZIP+4/Postal Code: 92029	
If this address is a private residence,	check this box:			
Telephone Number: 7604329614	Facsimile Number	, if any:		
If this office location is also required t	to be registered with FINRA or a s	state securities authority as a brand	ch office location for a broker-dealer or inv	estment adviser

on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

3	nent advisory functions from this o	office location?		
Are other business activities conducte	ed at this office location? (check a	II that apply)		
lacksquare (1) Broker-dealer (registered or ur	nregistered)			
lacksquare (2) Bank (including a separately id	entifiable department or division o	of a bank)		
(3) Insurance broker or agent				
(4) Commodity pool operator or co	mmodity trading advisor (whether	r registered or exempt from regis	tration)	
(5) Registered municipal advisor		5	,	
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
(7) Lawyer of law firm				
Describe any other investment-related	d business activities conducted fro	m this office location:		
	Section 1.F. for each location. If	you are applying for SEC registra	at which you conduct investment advisory busines ation, if you are registered only with the SEC, or if	
Number and Street 1:		Number and Street 2:		
2603 CAMINO RAMON		SUITE 200		
City: SAN RAMON	State: California	Country: United States	ZIP+4/Postal Code: 94583	
If this address is a private residence,	check this box: \square			
Telephone Number: 9258913189	Facsimile Number	, if any:		
If this office location is also required on the Uniform Branch Office Registra How many <i>employees</i> perform investr	ition Form (Form BR), please provi	ide the <i>CRD</i> Branch Number here:	nch office location for a broker-dealer or investmer	nt adviser
Are other business activities conducte	ed at this office location? (check a	ll that apply)		
☑ (1) Broker-dealer (registered or ur				
\square (2) Bank (including a separately id		of a bank)		
(3) Insurance broker or agent				
\square (4) Commodity pool operator or co \square (5) Registered municipal advisor	mmodity trading advisor (whether	r registered or exempt from regis	tration)	
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related	d business activities conducted fro	m this office location:		
	Section 1.F. for each location. If	you are applying for SEC registra	at which you conduct investment advisory busines ation, if you are registered only with the SEC, or if	
exempt reporting adviser, list only the	largest twenty-live offices (in terr	ns of Humbers of <i>employees)</i> .		
Number and Street 1: 445 HAMILTON AVENUE		Number and Street 2: 10TH FLOOR		
City:	State:	Country:	ZIP+4/Postal Code:	
WHITE PLAINS	New York	United States	10601	
If this address is a private residence,	check this box: \square			
Telephone Number: 9147619000	Facsimile Number	, if any:		

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser

n the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:			
How many <i>employees</i> perform investment advisory fun 5	actions from this office	e location?	
Are other business activities conducted at this office low ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable departned) ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity trading ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm ✓ (7) Lawyer or law firm	nent or division of a b	pank)	
Describe any other investment-related business activiti	ies conducted from th	is office location:	
Complete the following information for each office, oth must complete a separate Schedule D Section 1.F. for exempt reporting adviser, list only the largest twenty-fix	each location. If you	are applying for SEC registration, if	
Number and Street 1:		Jumber and Street 2:	
550 S. WATTERS RD. City:		SUITE 299 Country:	ZIP+4/Postal Code:
ALLEN		Inited States	75013
If this address is a private residence, check this box:			
Telephone Number: 972-842-4015	Facsimile Number, it 469-857-8480	f any:	
If this office location is also required to be registered v on the Uniform Branch Office Registration Form (Form 732121		_	ce location for a broker-dealer or investment adviser
How many <i>employees</i> perform investment advisory fun 2	actions from this office	e location?	
Are other business activities conducted at this office lo ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable departn ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity trading ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm ✓ (7) Lawyer or law firm	nent or division of a b	pank)	
Describe any other investment-related business activiti	ies conducted from th	is office location:	
Complete the following information for each office, oth must complete a separate Schedule D Section 1.F. for exempt reporting adviser, list only the largest twenty-fix	each location. If you	are applying for SEC registration, if	
Number and Street 1: 346 SHELBURNE RD		Number and Street 2: SUITE 402 PO BOX 1064	
City:	State: Vermont	Country: United States	ZIP+4/Postal Code: 05402
If this address is a private residence, check this box:			

Facsimile Number, if anv:

Telephone Number:

8024888730		•			
If this office location is also required to be registered on the Uniform Branch Office Registration Form (Form		-	office location for a broker-dealer or investment adviser		
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted at this office (1) Broker-dealer (registered or unregistered)	location? (check a	all that apply)			
(2) Bank (including a separately identifiable depart	rtment or division o	of a bank)			
(3) Insurance broker or agent					
(4) Commodity pool operator or commodity tradir	ng advisor (whethe	r registered or exempt from registra	ition)		
(5) Registered municipal advisor (6) Accountant or accounting firm					
(7) Lawyer or law firm					
Describe any other <i>investment-related</i> business activ	vities conducted fro	om this office location:			
, ,	or each location. If	you are applying for SEC registration	which you conduct investment advisory business. You on, if you are registered only with the SEC, or if you are an		
Number and Street 1: ONE BEACH DRIVE SE		Number and Street 2: SUITE 301			
City:	State:	Country:	ZIP+4/Postal Code:		
ST. PETERSBURG	Florida	United States	33701		
If this address is a private residence, check this box	: □				
Telephone Number: 7274560011	Facsimile Numb	per, if any:			
If this office location is also required to be registered on the Uniform Branch Office Registration Form (Form		_	office location for a broker-dealer or investment adviser		
How many <i>employees</i> perform investment advisory f	functions from this	office location?			
Are other business activities conducted at this office (1) Broker-dealer (registered or unregistered)	location? (check a	all that apply)			
\square (2) Bank (including a separately identifiable depart	rtment or division o	of a bank)			
(3) Insurance broker or agent					
(4) Commodity pool operator or commodity tradir	ng advisor (whethe	r registered or exempt from registra	ition)		
(6) Accountant or accounting firm					
☐ (7) Lawyer or law firm					
Describe any other <i>investment-related</i> business activ	vities conducted fro	om this office location:			
	,	•	which you conduct investment advisory business. You on, if you are registered only with the SEC, or if you are an		
exempt reporting adviser, list only the largest twenty-			, you are registered only with the oce, or it you die all		
Number and Street 1: 9433 BEE CAVE RD		Number and Street 2: SUITE 3-201			
City: AUSTIN	State: Texas	Country: United States	ZIP+4/Postal Code: 78733		
If this address is a private residence, check this box	: 🗆				

Talambana Numban	Faccinally Number 15 and
Telephone Number: 8003483601	Facsimile Number, if any: 5122633459
If this office location is also required to be registered w on the Uniform Branch Office Registration Form (Form E	vith FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser
(The same from the same and sam
How many <i>employees</i> perform investment advisory fund 4	ctions from this office location?
Are other business activities conducted at this office loc	cation? (check all that apply)
☐ (1) Broker-dealer (registered or unregistered)	
\square (2) Bank (including a separately identifiable departm	nent or division of a bank)
\square (3) Insurance broker or agent	
\square (4) Commodity pool operator or commodity trading a	advisor (whether registered or exempt from registration)
\square (5) Registered municipal advisor	
\square (6) Accountant or accounting firm	
(7) Lawyer or law firm	
Describe any other investment-related business activities	es conducted from this office location:
SECTION 1.I. Website Addresses	
3	occounts on publicly available social media platforms where you control the content (including, but not limited blete a separate Schedule D Section 1.I. for each website or account on a publicly available social media

platform. Address of Website/Account on Publicly Available Social Media Platform: HTTPS://TWITTER.COM/ACECRTEMPLOYER Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.LINKEDIN.COM/COMPANY/BENEFITMARK/ Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.LINKEDIN.COM/COMPANY/TUTTON-INSURANCE-SERVICES-INC./ Address of Website/Account on Publicly Available Social Media Platform: HTTPS://TWITTER.COM/MARYMFRANCISCO Address of Website/Account on Publicly Available Social Media Platform: HTTPS://TWITTER.COM/JOESTACKCFP Address of Website/Account on Publicly Available Social Media Platform: HTTP://TUTTON.COM/PRODUCTS/FINANCIAL-SERVICES Address of Website/Account on Publicly Available Social Media Platform: HTTP://EXPERIENTIALWEALTH.COM Address of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.PENSIONMARK.COM/ Address of Website/Account on Publicly Available Social Media Platform: HTTP://KAINOS-PARTNERS.COM/ABOUT-KAINOS/ Address of Website/Account on Publicly Available Social Media Platform: HTTP://ASSUREDPARTNERSCOLORADO.COM Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.FACEBOOK.COM/WEALTHPATHINVESTMENTADVISORS/

Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.FACEBOOK.COM/PENSIONMARK/
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.FACEBOOK.COM/SEVENHILLSBENEFITPARTNERS/
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://CCRETIREMENT.COM
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/WEALTHPATH-INVESTMENT-ADVISORS/
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/COMPASS-CORPORATE-RETIREMENT-SOLUTIONS/
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/AXIOS-ADVISORY-GROUP-LTD-/
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/PENSIONMARK-RETIREMENT-GROUP/
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/MBI-INVESTMENT-ADVISORS/
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/REDSTONE-ADVISORS-LLC/
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://DCSRETIREMENTCONSULTANTS.COM/
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://SEVENHILLSSERVICE.COM/
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://REDSTONEADVISORSLLC.COM
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://APBRETIREMENT.COM/
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://TWITTER.COM/PENSIONMARKINDV
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/ASSUREDPARTNERS-COLORADO/
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://WEALTHPATH.NET
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/SEVENHILLS-BENEFIT-PARTNERS/
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://COTAST.COM
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://SWM3.COM

Ac	dress	s of W	/ebsite/Account on Publicly Available Social Media Platform: HTTP://PENSION-INSIGHT.COM			
Ac	dress	s of W	/ebsite/Account on Publicly Available Social Media Platform: HTTPS://TWITTER.COM/PHILIP_S_CHAO			
Ac	dress	s of W	ebsite/Account on Publicly Available Social Media Platform: HTTPS://WWW.YOUTUBE.COM/CHANNEL/UCA-HJ2GBJTZMQMLTLO-MP5G			
Ac	dress	s of W	/ebsite/Account on Publicly Available Social Media Platform: HTTPS://WWW.FACEBOOK.COM/SEARCH/TUTTONINSURANCESERVICES,INC./			
Ac	dress	s of W	/ebsite/Account on Publicly Available Social Media Platform: HTTPS://WWW.LINKEDIN.COM/COMPANY/CHAO-&-COMPANY-LTD./			
SEC	TION	J 1.L.	Location of Books and Records			
			No Information Filed			
SEC	TION	J 1.M	. Registration with Foreign Financial Regulatory Authorities			
			No Information Filed			
Ite	n 2 S	EC R	egistration/Reporting			
reg	istrat	ion o	this Item help us (and you) determine whether you are eligible to register with the SEC. Complete this Item 2.A. only if you are applying for SEC results submitting an annual updating amendment to your SEC registration. If you are filing an umbrella registration, the information in Item 2 should be the filing adviser only.			
Α.	<i>upd</i> info	<i>ating</i> rmati	er (or remain registered) with the SEC, you must check at least one of the Items 2.A.(1) through 2.A.(12), below. If you are submitting an <i>annual amendment</i> to your SEC registration and you are no longer eligible to register with the SEC, check Item 2.A.(13). Part 1A Instruction 2 provides on to help you determine whether you may affirmatively respond to each of these items.			
			adviser):			
	V	(1)	are a large advisory firm that either:			
			a) has regulatory assets under management of \$100 million (in U.S. dollars) or more; or			
			(b) has regulatory assets under management of \$90 million (in U.S. dollars) or more at the time of filing its most recent annual updating amendment and is registered with the SEC;			
		(2)	are a mid-sized advisory firm that has regulatory assets under management of \$25 million (in U.S. dollars) or more but less than \$100 million (in U.S. dollars) and you are either:			
			(a) not required to be registered as an adviser with the state securities authority of the state where you maintain your principal office and place of business; or			
			(b) not subject to examination by the state securities authority of the state where you maintain your principal office and place of business;			
			Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.			
		(3)	Reserved			
		(4)	have your principal office and place of business outside the United States;			
		(5)	are an investment adviser (or subadviser) to an investment company registered under the Investment Company Act of 1940;			
		(6)	are an investment adviser to a company which has elected to be a business development company pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least \$25 million of regulatory assets under management;			
		(7)	are a pension consultant with respect to assets of plans having an aggregate value of at least \$200,000,000 that qualifies for the exemption in rule 203A-2(a);			
		(8)	are a related adviser under rule 203A-2(b) that <i>controls</i> , is <i>controlled</i> by, or is under common <i>control</i> with, an investment adviser that is registered with the SEC, and your <i>principal office and place of business</i> is the same as the registered adviser;			
			If you check this box, complete Section 2.A.(8) of Schedule D.			
		(9)	are an adviser relying on rule 203A-2(c) because you expect to be eligible for SEC registration within 120 days;			
			If you check this box, complete Section 2.A. (9) of Schedule D.			
		(10)	are a multi-state adviser that is required to register in 15 or more states and is relying on rule 203A-2(d);			

	If you check this box, comp	olete Section 2.A.(10) of Sche	edule D.		
	(11) are an Internet adviser re	elying on rule 203A-2(e);			
	(12) have received an SEC ord	der exempting you from the	prohibition against registration with the SE	C;	
		plete Section 2.A.(12) of Sche			
	_				
_	(13) are no longer eligible to r	remain registered with the S	BEC.		
State	Securities Authority Notice Filing	gs and State Reporting by	Exempt Reporting Advisers		
th ai th bo yo	ne SEC. These are called <i>notice filir</i> ny amendments they file with the snis and all subsequent filings or repox(es) next to the state(s) that you	ngs. In addition, exempt reposes. In addition, exempt reposes. SEC. If this is an initial apple ports you submit to the SEC ou would like to receive notice.	provide to state securities authorities a copy porting advisers may be required to provide station or report, check the box(es) next to station. If this is an amendment to direct your noting ce of this and all subsequent filings or report g to state(s) that currently receive them, un	ate securities authorities with a copy of reposite state(s) that you would like to receive the state(s) that you would like to receive the state(s) of the state(s), of the state(s) is you submit to the SEC. If this is an amendation	oorts and notice of check the
	☑ AL	☑ IL	□ NE	₽ SC	
	□ AK	☑ IN	☑ NV	□ SD	
		III		III	
	☑ AZ	□ IA	☑ NH	☑ TN	
	☑ AR	☑ KS	⊠ N1	▼ TX	
	☑ CA	☑ KY	▼ NM	☑ UT	
	☑ co	☑ LA	☑ NY	☑ VT	
	☑ CT	☑ ME	▼ NC	□ VI	
	☑ DE	☑ MD	∥ □ ND	☑ ∨A	
	☑ DC	☑ MA	▽ OH	☑ WA	
	☑ _{FL}	☑ MI	☑ OK	V W∨	
	☑ GA	✓ _{MN}	☑ OR	⊠ WI	
	GU	™ MS	₽ PA	₩Y	
	☑ HI	₩O	□ PR	VV I	
	☑ ID	₩ MO	₽R E RI		
	E ID	I WII	E RI		
SECTION If you invest inform Name	ON 2.A.(8) Related Adviser are relying on the exemption in rument adviser that is registered with	ule 203A-2(b) from the proh th the SEC and your <i>principa</i>	reports from going to a state that currently rent must be filed before the end of the year (Department) ibition on registration because you control, and office and place of business is the same as t	re <i>controlled</i> by, or are under common <i>cont</i>	<i>trol</i> with an
SECTIO	ON 2 A (9) Investment Adviser F	xpecting to be Fligible for	Commission Registration within 120 Days		
			tion on registration available to an adviser the		ion within
120 da have r	ays, you are required to make cert made the required representations m not registered or required to be th the SEC within 120 days after th	tain representations about y s. You must make both of the e registered with the SEC or he date my registration with gistration if, on the 120th d	your eligibility for SEC registration. By checkinese representations: a state securities authority and I have a rea	ng the appropriate boxes, you will be deer sonable expectation that I will be eligible t	med to to register
SECTIO	ON 2.A.(10) Multi-State Adviser				

If you are relying on rule 203A-2(d), the multi-state adviser exemption from the prohibition on registration, you are required to make certain representations about

If you are applying for registration as an investment adviser with the SEC, you must make both of these representations:

your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations.

	I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of 15 or more states to register as an investment	
	adviser with the state securities authorities in those states. I undertake to withdraw from SEC registration if I file an amendment to this registration indicating that I would be required by the laws of fewer than 15 states	
	to register as an investment adviser with the state securities authorities of those states.	
If y	ou are submitting your annual updating amendment, you must make this representation:	
	Within 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 15 states to register as an investment adviser with the state securities authorities in those states.	
	laws of at least 15 states to register as all investment adviser with the state securities admornles in those states.	
SEC	TION 2.A.(12) SEC Exemptive <i>Order</i>	
lf y	ou are relying upon an SEC order exempting you from the prohibition on registration, provide the following information:	
Apr	blication Number:	
803		
Dat	re of <i>order</i> :	
	n 3 Form of Organization but are filing an umbrella registration, the information in Item 3 should be provided for the filing adviser only.	
11 yc	How are you organized?	_
,	Corporation	
	Sole Proprietorship	
	C Limited Liability Partnership (LLP)	
	O Partnership	
	C Limited Partnership (LP)	
	O Other (specify):	
	If you are changing your response to this Item, see Part 1A Instruction 4.	
	If you are changing your response to this item, see rait TA histraction 4.	
B.	In what month does your fiscal year end each year? DECEMBER	
C.	Under the laws of what state or country are you organized?	
	State Country	
	Delaware United States	
	If you are a partnership, provide the name of the state or country under whose laws your partnership was formed. If you are a sole proprietor, provide the name of the state or country where you reside.	
	If you are changing your response to this Item, see Part 1A Instruction 4.	
		_
Iter	n 4 Successions	
A.	Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)?	
	If "yes", complete Item 4.B. and Section 4 of Schedule D.	
B.	Date of Succession: (MM/DD/YYYY)	
	If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See Part 1A Instruction 4.	
SE0	TION 4 Successions	
SEC	TION 4 SUCCESSIONS	
	No Information Filed	

Item 5 Information About Your Advisory Business - Employees, Clients, and Compensation

Responses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when making regulatory policy. Part 1A Instruction 5.a. provides additional guidance to newly formed advisers for completing this Item 5.

Employees

If you are organized as a sole proprietorship, include yourself as an employee in your responses to Item 5.A. and Items 5.B.(1), (2), (3), (4), and (5). If an employee performs more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5).

A. Approximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers.

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- B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?
 - (2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer? 175
 - (3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?
 - (4) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives* for an investment adviser other than you?
 - (5) Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency?
 - (6) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

In your response to Item 5.B.(6), do not count any of your employees and count a firm only once – do not count each of the firm's employees that solicit on your boals.

Clients

In your responses to Items 5.C. and 5.D. do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.

- C. (1) To approximately how many *clients* for whom you do not have regulatory assets under management did you provide investment advisory services during your most recently completed fiscal year?
 - (2) Approximately what percentage of your *clients* are non-*United States persons*? 0%
- D. For purposes of this Item 5.D., the category "individuals" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships.
 - The category "business development companies" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, do not answer (1)(d) or (3)(d) below.

Indicate the approximate number of your *clients* and amount of your total regulatory assets under management (reported in Item 5.F. below) attributable to each of the following type of *client*. If you have fewer than 5 *clients* in a particular category (other than (d), (e), and (f)) you may check Item 5.D.(2) rather than respond to Item 5.D.(1).

The aggregate amount of regulatory assets under management reported in Item 5.D.(3) should equal the total amount of regulatory assets under management reported in Item 5.F.(2)(c) below.

If a *client* fits into more than one category, select one category that most accurately represents the *client* to avoid double counting *clients* and assets. If you advise a registered investment company, business development company, or pooled investment vehicle, report those assets in categories (d), (e), and (f) as applicable.

Type of Client	(1) Number of Client(s)	(2) Fewer than 5 Clients	(3) Amount of Regulatory Assets under Management
(a) Individuals (other than high net worth individuals)	3311		\$ 681,591,596
(b) High net worth individuals	227		\$ 611,434,205
(c) Banking or thrift institutions			\$
(d) Investment companies			\$
(e) Business development companies			\$

(f) Pooled investment vehicles (other business development companies)	than investment companies and	6		\$ 325,793,328
(g) Pension and profit sharing plans (government pension plans)	but not the plan participants or	2374		\$ 23,574,649,669
(h) Charitable organizations		142		\$ 1,229,442,273
(i) State or municipal government entiplans)	ties (including government pension	31		\$ 199,692,268
(j) Other investment advisers				\$
(k) Insurance companies				\$
(I) Sovereign wealth funds and foreig	n official institutions			\$
(m) Corporations or other businesses	not listed above			\$
(n) Other:				\$
(1) A percentage of assets und (2) Hourly charges		apply):		
☐ (3) Subscription fees (for a new ☐ (4) Fixed fees (other than subs ☐ (5) Commissions ☐ (6) Performance-based fees ☐ (7) Other (specify):	·			
Item 5 Information About Your Advisory	3usiness - Regulatory Assets Under Ma	anagement		
Regulatory Assets Under Management				
				Yes No
F. (1) Do you provide continuous and re-	gular supervisory or management servic	es to securities port	folios?	⊙ ೧
(2) If yes, what is the amount of your	regulatory assets under management a	and total number of		
B	U.S. Dollar Amount			er of Accounts
Discretionary:	(a) \$ 10,340,969,284		(d) 5,615	
Non-Discretionary:	(b) \$ 16,281,634,055		(e) 1,765	
Total:	(c) \$ 26,622,603,339		(f) 7,380	
Item.	ow to calculate your regulatory assets und	-		
non-United States persons?	n your total regulatory assets ander man	nagement (reported	111 Tem 3.1 . (2) (c) abo	ove, attributable to thems who are
\$ O				
Item 5 Information About Your Advisory	Pusimose Advisory Activities			
Advisory Activities	Susmess - Advisory Activities			
G. What type(s) of advisory services do	you provide? Check all that apply			
(1) Financial planning services	ea provider eneak an that apply.			
(2) Portfolio management for ir	ndividuals and/or small businesses nvestment companies (as well as "busine	ess development cor	mpanies" that have m	ade an election pursuant to section 54
	ooled investment vehicles (other than in usinesses (other than small businesses)	·		ered investment companies and other
pooled investment vehicles? (6) Pension consulting services				
	(including <i>private fund</i> managers)			
[(8) Publication of periodicals or				
(9) Security ratings or pricing solution (10) Market timing services	ervices			
☐ (10) Market timing services ☐ (11) Educational seminars/work	shops			
(12) Other(specify):				
	provide advisory services pursuant to an inuding as a subadviser. If you check Item 5 in Section 5.G.(3) of Schedule D.	_		
☐ If you provide financial planning convident				

O 0

	 1 - 10 11 - 25 26 - 50 51 - 100 101 - 250 251 - 500 More than 500 If more than 500, how many? (round to the nearest 500) 		
	In your responses to this Item 5.H., do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship wi investors.	ith the	ose
I.	(1) Do you participate in a wrap fee program?(2) If you participate in a wrap fee program, what is the amount of your regulatory assets under management attributable to acting as:	Yes ©	No
	(a) sponsor to a wrap fee program \$ 29,707,733 (b) portfolio manager for a wrap fee program?		
	\$ 0 (c) sponsor to and portfolio manager for the same wrap fee program? \$ 145,468,430		
	If you report an amount in Item 5.1.(2)(c), do not report that amount in Item 5.1.(2)(a) or Item 5.1.(2)(b).		
	If you are a portfolio manager for a wrap fee program, list the names of the programs, their sponsors and related information in Section 5.1.(2) of Schedule D.		
	If your involvement in a wrap fee program is limited to recommending wrap fee programs to your clients, or you advise a mutual fund that is offered through a program, do not check Item 5.1.(1) or enter any amounts in response to Item 5.1.(2).	·	
J.	(1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?	Yes O	No ⊙
	(2) Do you report <i>client</i> assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management?	0	•
K.	Separately Managed Account Clients	Yes	No
	(1) Do you have regulatory assets under management attributable to <i>clients</i> other than those listed in Item 5.D.(3)(d)-(f) (separately managed account <i>clients</i>)?		0
	If yes, complete Section 5.K.(1) of Schedule D.		
	(2) Do you engage in borrowing transactions on behalf of any of the separately managed account <i>clients</i> that you advise? If yes, complete Section 5.K.(2) of Schedule D.	0	•
	(3) Do you engage in derivative transactions on behalf of any of the separately managed account <i>clients</i> that you advise? If yes, complete Section 5.K.(2) of Schedule D.	0	•
	(4) After subtracting the amounts in Item 5.D.(3)(d)-(f) above from your total regulatory assets under management, does any custodian hold ten percent or more of this remaining amount of regulatory assets under management? If yes, complete Section 5.K.(3) of Schedule D for each custodian.	•	0
L.	Marketing Activities		
	(1) Do any of your advertisements include:	Yes	No
	(a) Performance results?	•	0
	(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?	0	•
	(c) Testimonials (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	0	•
	(d) Endorsements (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	0	•

J.

(e) Third-party ratings?	0	•
(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of <i>testimonials</i> , <i>endorsements</i> , or <i>third-party ratings</i> ?	0	•
(3) Do any of your advertisements include hypothetical performance?	0	•
(4) Do any of your advertisements include predecessor performance?	0	•

SECTION 5.G.(3) Advisers to Registered Investment Companies and Business Development Companies

No Information Filed

SECTION 5.1.(2) Wrap Fee Programs

If you are a portfolio manager for one or more *wrap fee programs*, list the name of each program and its *sponsor*. You must complete a separate Schedule D Section 5.1.(2) for each *wrap fee program* for which you are a portfolio manager.

Name of Wrap Fee Program

PENSIONMARK PORTFOLIO

Name of Sponsor

(a) A - - - + T-

PENSIONMARK FINANCIAL GROUP, LLC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

Sponsor's CRD Number (if any):

SECTION 5.K.(1) Separately Managed Accounts

After subtracting the amounts reported in Item 5.D.(3)(d)-(f) from your total regulatory assets under management, indicate the approximate percentage of this remaining amount attributable to each of the following categories of assets. If the remaining amount is at least \$10 billion in regulatory assets under management, complete Question (a). If the remaining amount is less than \$10 billion in regulatory assets under management, complete Question (b).

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. Mid-year is the date six months before the end of year date. Each column should add up to 100% and numbers should be rounded to the nearest percent.

Investments in derivatives, registered investment companies, business development companies, and pooled investment vehicles should be reported in those categories. Do not report those investments based on related or underlying portfolio assets. Cash equivalents include bank deposits, certificates of deposit, bankers' acceptances and similar bank instruments.

Some assets could be classified into more than one category or require discretion about which category applies. You may use your own internal methodologies and the conventions of your service providers in determining how to categorize assets, so long as the methodologies or conventions are consistently applied and consistent with information you report internally and to current and prospective clients. However, you should not double count assets, and your responses must be consistent with any instructions or other guidance relating to this Section.

Mid-year	End of year
18 %	18 %
0 %	0 %
0 %	0 %
0 %	0 %
0 %	0 %
0 %	0 %
0 %	0 %
0 %	0 %
	18 % 0 % 0 % 0 % 0 % 0 % 0 %

(i	x) Securities Issued by Registered Investment Companies or Business Development Companies	72 %	72 %
()	Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	5 %	5 %
()	ki) Cash and Cash Equivalents	5 %	5 %
()	kii) Other	0 %	0 %

Generally describe any assets included in "Other"

) As :	set Type	End of year			
(i)	i) Exchange-Traded Equity Securities				
(ii)	Non Exchange-Traded Equity Securities	%			
(iii)	U.S. Government/Agency Bonds	%			
(iv)	U.S. State and Local Bonds	%			
(v)	Sovereign Bonds	%			
(vi)	Investment Grade Corporate Bonds	%			
(vii	Non-Investment Grade Corporate Bonds	%			
(vii) Derivatives	%			
(ix)	Securities Issued by Registered Investment Companies or Business Development Companies	%			
(x)	Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	%			
(xi)	Cash and Cash Equivalents	%			
(xii) Other	%			

Generally describe any assets included in "Other"

SECTION 5.K.(2) Separately Managed Accounts - Use of Borrowingsand Derivatives

No information is required to be reported in this Section 5.K.(2) per the instructions of this Section 5.K.(2)

If your regulatory assets under management attributable to separately managed accounts are at least \$10 billion, you should complete Question (a). If your regulatory assets under management attributable to separately managed accounts are at least \$500 million but less than \$10 billion, you should complete Question (b)

(a) In the table below, provide the following information regarding the separately managed accounts you advise. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise. End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. Mid-year is the date six months before the end of year date.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of *borrowings* for the accounts included in column 1.

In column 3, provide aggregate *gross notional value* of derivatives divided by the aggregate regulatory assets under management of the accounts included in column 1 with respect to each category of derivatives specified in 3(a) through (f).

You may, but are not required to, complete the table with respect to any separately managed account with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

(i) Mid-Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings	(3) Derivative Exposures					
		(a) Interest Exchange Rate Derivative Derivative			(c) Credit Derivative	(d) Equity Derivative	(e) Commodity Derivative	(f) Other Derivative
Less than 10%	\$	\$	%	%	%	%	%	%
10-149%	\$	\$	%	%	%	%	%	%
150% or more	\$	\$	%	%	%	%	%	%

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(ii) End of Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings		(3) Derivative Exposures				
			(a) Interest Rate Derivative	(b) Foreign Exchange Derivative	(c) Credit Derivative	(d) Equity Derivative	(e) Commodity Derivative	(f) Other Derivative
Less than 10%	\$	\$	%	%	%	%	%	%
10-149%	\$	\$	%	%	%	%	%	%
150% or more	\$	\$	%	%	%	%	%	%

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(b) In the table below, provide the following information regarding the separately managed accounts you advise as of the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of borrowings for the accounts included in column 1.

You may, but are not required to, complete the table with respect to any separately managed accounts with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings
Less than 10%	\$	\$
10-149%	\$	\$
150% or more	\$	\$

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

SECTION 5.K.(3) Custodians for Separately Managed Accounts

Complete a separate Schedule D Section 5.K.(3) for each custodian that h	nolds ten percent or more o	of your aggregate separately ma	inaged account regulatory
assets under management.			

(a) Legal name of custodian:

EMPOWER FINANCIAL SERVICES, INC.

(b) Primary business name of custodian:

EMPOWER FINANCIAL SERVICES, INC.

(c) The location(s) of the custodian's office(s) responsible for *custody* of the assets:

City:State:Country:GREENWOOD VILLAGEColoradoUnited States

Yes No

(d) Is the custodian a *related person* of your firm?

0 0

(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)

8 - 33854

- (f) If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its legal entity identifier (if any)
- (g) What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian? \$4,391,761,452

(a)	Legal name of custodian:			
	FIDELITY BROKERAGE SERVICE	S LLC		
(b)	Primary business name of cust	odian:		
	FIDELITY BROKERAGE SERVICE	S LLC		
(c)	The location(s) of the custodia	n's office(s) responsible for <i>custody</i> of the assets	1	
	City:	State:	Country:	
	SMITHFIELD	Rhode Island	United States	
				Yes No
(d)	Is the custodian a related person	on of your firm?		0 0
(e)	If the custodian is a broker-dea	aler, provide its SEC registration number (if any)		
	8 - 23292			
(f)	If the custodian is not a broke	-dealer, or is a broker-dealer but does not have	an SEC registration number, provide its legal entity	identifier (if any)
(g)	What amount of your regulato	ry assets under management attributable to ser	arately managed accounts is held at the custodian?	
(3)	\$ 6,019,997,888	,		
	(Odlana Businessa Askinikisa			
	6 Other Business Activities			
In this	s Item, we request information about	your firm's other business activities.		
A. Y	You are actively engaged in business	as a (check all that apply):		
	(1) broker-dealer (registered o			
	(2) registered representative o			
ľ	(3) commodity pool operator or(4) futures commission mercha	commodity trading advisor (whether registered	or exempt from registration)	
i	(4) real estate broker, dealer,			
1	(6) insurance broker or agent	n agent		
1		identifiable department or division of a bank)		
i	(8) trust company	,		
1	(9) registered municipal adviso	-		
	[(10) registered security-based s	wap dealer		
!	[(11) major security-based swap	•		
. !	[(12) accountant or accounting fir	m		
!	(13) lawyer or law firm			
'	(14) other financial product sale:	person (specify):		
1	If you engage in other business usina a	name that is different from the names reported in	Items 1.A. or 1.B.(1), complete Section 6.A. of Schedu	ule D.
	· · · · · · · · · · · · · · · · · · ·	•		Yes No
В. ((1) Are you actively engaged in any	other business not listed in Item 6.A. (other than	n giving investment advice)?	0 0
((2) If yes, is this other business you	r primary business?		0 0

If "yes," describe this other business on Section 6.B.(3) of Schedule D, and if you engage in this business under a different name, provide that name.	
CTION 6.A. Names of Your Other Businesses	
No Information Filed	

If "yes," describe this other business on Section 6.B. (2) of Schedule D, and if you engage in this business under a different name, provide that name.

Yes No

⊙ ⊙

SECTION 6.B.(2) Description of Primary Business Describe your primary business (not your investment advisory business): If you engage in that business under a different name, provide that name:

SECTION 6.B.(3) Description of Other Products and Services

Describe other products or services you sell to your *client*. You may omit products and services that you listed in Section 6.B.(2) above. INSURANCE PRODUCTS, ANNUITIES, BROKERAGE PRODUCTS

(3) Do you sell products or provide services other than investment advice to your advisory *clients*?

If you engage in that business under a different name, provide that name:

i you engage in that business under a different flame, provide that flame.

Ite	em 7 Financial Industry Affiliations
In	this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur tween you and your <i>clients</i> .
	tween you and your clients.
	have no reason to believe that your relationship with the related person otherwise creates a conflict of interest with your clients. You must complete Section 7.A. of Schedule D for each related person acting as qualified custodian in connection with advisory services you provide to your clients (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.
6 E/	
	CTION 7.A. Financial Industry Affiliations Implete a separate Schedule D Section 7.A. for each <i>related person</i> listed in Item 7.A.
1.	Legal Name of <i>Related Person</i> : JENNIFER TANCK
2.	Primary Business Name of <i>Related Person</i> : TANCK LAW
3.	Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
	or Other
4.	
	(a) CRD Number (if any):
	(b) CIK Number(s) (if any): No Information Filed
5.	Related Person is: (check all that apply) (a) broker-dealer, municipal securities dealer, or government securities broker or dealer (b) other investment adviser (including financial planners) (c) registered municipal advisor (d) registered security-based swap dealer (e) major security-based swap participant

		(f)	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)		
		(g)	futures commission merchant		
		(h)	banking or thrift institution		
		(i)	trust company		
		(j)	accountant or accounting firm		
		(k)	☑ lawyer or law firm		
		(l)	insurance company or agency		
		(m)	pension consultant		
		(n)	real estate broker or dealer		
		(o)	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
		(p)	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
				Yes	No
	6.	Do y	ou control or are you controlled by the related person?	\circ	•
	7.	Are :	you and the <i>related person</i> under common <i>control</i> ?	\circ	0
	8.	(a)	Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?	\circ	0
		(b)	If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise	0	С
			examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?		
		(c)	If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:		
			Number and Street 1: Number and Street 2:		
			City: State: Country: ZIP+4/Postal Code:		
			If this address is a private residence, check this box: \square		
				Yes	No
	9.	(a)	If the related person is an investment adviser, is it exempt from registration?	\circ	C
		(b)	If the answer is yes, under what exemption?		
	10.	(a)	Is the related person registered with a foreign financial regulatory authority?	\circ	0
		(b)	If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.		
			No Information Filed		
	11.	Do y	ou and the related person share any supervised persons?	\odot	C
	12.	Do y	ou and the <i>related person</i> share the same physical location?	\circ	0
-					
	1	امما	I Name of Polated Paragra		
		_	I Name of <i>Related Person</i> : SIONMARK SECURITIES, LLC		
		Γ LIN.	STONWARK SECORTILES, LEC		
	2.	Prim	ary Business Name of <i>Related Person</i> :		
			SIONMARK SECURITIES, LLC		
	3.	Rela	ted Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)		
			9773		
		or			
		Othe	er		
	4.	Rela	ted Person's		
		(a)	CRD Number (if any):		
			283952		
		(b)	CIK Number(s) (if any):		
			No Information Filed		
			ted Person is: (check all that apply)		
			broker-dealer, municipal securities dealer, or government securities broker or dealer		
		` ,	other investment adviser (including financial planners)		
		(c)	registered municipal advisor		
		(d)	registered security-based swap dealer		
		(e)	major security-based swap participant		
		(f)	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)		
		(g)	futures commission merchant		
		(h)	banking or thrift institution		
		(i)	trust company		
1.1		(j)	accountant or accounting firm		
		(k)	lawyer or law firm		

	(l) ✓ insurance company or agency			
	(m) pension consultant			
	(n) real estate broker or dealer			
	(o) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles			
	(p) \square sponsor, general partner, managing member (or equivalent) of pooled investment vehicles	Yes	~ N	ما
6.	6. Do you control or are you controlled by the related person?	0		©
7.	7. Are you and the <i>related person</i> under common <i>control</i> ?	•		0
8.	8. (a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?	0		•
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain examination for your clients' funds or securities that are maintained at the related person?		•	0
	(c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of younder and Street 1: Number and Street 2:	your <i>clients'</i> assets:		
	City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box:			
9.	9. (a) If the <i>related person</i> is an investment adviser, is it exempt from registration?	Yes		O NO
	(b) If the answer is yes, under what exemption?			
10.	10. (a) Is the related person registered with a foreign financial regulatory authority?	0		•
	(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related personal No Information Filed	<i>n</i> is registered.		
11.	11. Do you and the related person share any supervised persons?	•		0
12.	12. Do you and the <i>related person</i> share the same physical location?	•		0
1.	Legal Name of <i>Related Person</i> : WORLD INSURANCE PROGRAMS, LLC			
2.	Primary Business Name of <i>Related Person</i> : WORLD INSURANCE PROGRAMS, LLC			
3.	3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)			
	or Other			
4.	4. Related Person's (a) CRD Number (if any):			
	(b) CIV Number(e) (if any).			
	(b) CIK Number(s) (if any): No Information Filed			
5.	5. Related Person is: (check all that apply)			
	 (a)			
	(c) registered municipal advisor (d) registered security-based swap dealer			
	(d) \square registered security-based swap dealer (e) \square major security-based swap participant			
	(f) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)			
	(g) utures commission merchant			
	(h) Danking or thrift institution			
	(i) trust company			
	(j) accountant or accounting firm			
	(k) □ lawyer or law firm (l) ☑ insurance company or agency			
	(m) pension consultant			
	(n) real estate broker or dealer			
	(o) \square sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles			
	(p) \square sponsor, general partner, managing member (or equivalent) of pooled investment vehicles			
		Yes	s N	ol

6.	Do y	ou control or are you controlled by the related person?	0	⊙
7.	Are y	ou and the related person under common control?	•	0
8.	(b)	Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ? If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients</i> ' funds or securities that are maintained at the <i>related person</i> ? If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person</i> 's office responsible for <i>custody</i> of your <i>clients</i> ' assets: Number and Street 1: Number and Street 2: City: State: Country: ZIP+4/Postal Code:		⊙ ○
		If this address is a private residence, check this box:	Voc	. No
9.		If the <i>related person</i> is an investment adviser, is it exempt from registration? If the answer is yes, under what exemption?	0	0
10	. (a)	Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?	0	•
		If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed		
11	. Do y	ou and the related person share any supervised persons?	0	\odot
12	. Do y	ou and the <i>related person</i> share the same physical location?	0	•
 1. 2. 3. 	SCO ⁻	Name of <i>Related Person</i> : TS AMERICAN, LLC ary Business Name of <i>Related Person</i> : TS AMERICAN, LLC ed Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)		
	or Othe	r		
4.		ed Person's CRD Number (if any):		
	(b)	CIK Number(s) (if any): No Information Filed		
5.	(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l)	broker-dealer, municipal securities dealer, or government securities broker or dealer other investment adviser (including financial planners) registered municipal advisor registered security-based swap dealer major security-based swap participant commodity pool operator or commodity trading advisor (whether registered or exempt from registration) futures commission merchant banking or thrift institution trust company accountant or accounting firm lawyer or law firm insurance company or agency pension consultant real estate broker or dealer sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles sponsor, general partner, managing member (or equivalent) of pooled investment vehicles	Yes	s No
6.	Do y	ou control or are you controlled by the related person?	Yes O	. No
7.	Are y	ou and the related person under common control?	•	0
8.		Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ? If you are registering or registered with the SEC and you have answered "yes." to guestion 8.(a) above, have you overcome the presumption that	0	•

		you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?		
	(c)	If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:		
		Number and Street 1: Number and Street 2:		
		City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box:		
		·	⁄es	No
9.	(a)	If the related person is an investment adviser, is it exempt from registration?	0	\circ
	(b)	If the answer is yes, under what exemption?		
10	(a)	Is the related person registered with a foreign financial regulatory authority?	_	_
10.		If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered.	0	⊙
	` ,	No Information Filed		
11.	Do y	ou and the related person share any supervised persons?	0	⊙
12	Do v	you and the <i>related person</i> share the same physical location?	_	_
12.	БО у	ou and the related person share the same physical location:	0	•
1	Logo	Name of Polated Person		
1.	_	al Name of <i>Related Person</i> : AME INSURANCE, LLC		
2.		ary Business Name of <i>Related Person</i> :		
	SESF	AME INSURANCE, LLC		
3.	Rela	ted Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)		
	-			
	or Othe	er -		
4.		ted Person's CRD Number (if any):		
	(a)	CRD Number (if arry).		
	(b)	CIK Number(s) (if any):		
		No Information Filed		
5.		ted Person is: (check all that apply)		
	` ,	broker-dealer, municipal securities dealer, or government securities broker or dealer other investment adviser (including financial planners)		
	` ,	registered municipal advisor		
	` ,	registered security-based swap dealer		
	` ,	major security-based swap participant		
	.,	commodity pool operator or commodity trading advisor (whether registered or exempt from registration) futures commission merchant		
	10,	banking or thrift institution		
	` ,	□ trust company		
	•	accountant or accounting firm		
		lawyer or law firm		
		✓ insurance company or agency✓ pension consultant		
		real estate broker or dealer		
	` ,	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
	(p)	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles	⁄es	No
6.	Do y	ou control or are you controlled by the related person?		⊙
	,			
7.	Are y	you and the <i>related person</i> under common <i>control</i> ?	•	0
0	(6)	Does the related person set as a qualified quetedien for your elients in connection with advisory convices very provide to elients?	_	_
δ.		Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ? If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that		•
		you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients</i> ' funds or securities that are maintained at the <i>related person</i> ?	0	O
	(c)	If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:		
		Number and Street 1: Number and Street 2: City: State: Country: ZIP+4/Postal Code:		
		If this address is a private residence, check this box:		

			Yes	NC
9.	(a)	If the related person is an investment adviser, is it exempt from registration?	0	С
	(b)	If the answer is yes, under what exemption?		
10	. (a)	Is the related person registered with a foreign financial regulatory authority?	_	_
10	(b)	If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered. No Information Filed	0	•
11	. Do y	you and the related person share any supervised persons?	0	•
12	. Do y	you and the <i>related person</i> share the same physical location?	0	0
1	Lea	al Name of <i>Related Person</i> :		
	_	N RICHARD NEWLAND		
2.		nary Business Name of <i>Related Person</i> : /LAND AND ASSOCIATES		
3.	Rela -	nted Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)		
	or Othe			
4.		ited Person's		
7.	(a)	CRD Number (if any):		
	(b)	CIK Number(s) (if any): No Information Filed		
5.	(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n)	ted Person is: (check all that apply) □ broker-dealer, municipal securities dealer, or government securities broker or dealer □ other investment adviser (including financial planners) □ registered municipal advisor □ registered security-based swap dealer □ major security-based swap participant □ commodity pool operator or commodity trading advisor (whether registered or exempt from registration) □ futures commission merchant □ banking or thrift institution □ trust company □ accountant or accounting firm □ lawyer or law firm □ insurance company or agency □ pension consultant □ real estate broker or dealer		
	(o)	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
	(p)	sponsor, general partner, managing member (or equivalent) or pooled investment venicles	Yes	No
6.	Do y	you control or are you controlled by the related person?	0	•
7.	Are	you and the related person under common control?	0	0
8.	(a)	Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?	0	•
	(b)	If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients</i> ' funds or securities that are maintained at the <i>related person</i> ?	0	
	(c)	If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets: Number and Street 1: Number 2:		
		City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box:		
9.	(a)	If the <i>related person</i> is an investment adviser, is it exempt from registration?	Yes	
7.	(a) (b)	If the answer is yes, under what exemption?	0	С
10	. (a)	Is the related person registered with a foreign financial regulatory authority?	_	_
10	` ,	If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.	0	•

	No Information Filed		
11	. Do you and the related person share any supervised persons?	\odot	0
12	. Do you and the <i>related person</i> share the same physical location?	⊙	0
1.	Legal Name of Related Person:		
	POTOMAC FINANCIAL SERVICES, INC.		
2.	Primary Business Name of Related Person:		
	POTOMAC FINANCIAL SERVICES, INC.		
3.	Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)		
	or		
	Other		
4.	Related Person's		
	(a) CRD Number (if any): 305765		
	(b) CIK Number(s) (if any):		
	No Information Filed		
5.	Related Person is: (check all that apply)		
0.	(a) D broker-dealer, municipal securities dealer, or government securities broker or dealer		
	(b) vother investment adviser (including financial planners)		
	(c) \square registered municipal advisor		
	(d) registered security-based swap dealer		
	(e) major security-based swap participant		
	(f) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)		
	(g) □ futures commission merchant(h) □ banking or thrift institution		
	(i) The trust company		
	(j) accountant or accounting firm		
	(k) \square lawyer or law firm		
	(I) Insurance company or agency		
	(m) \square pension consultant		
	(n) real estate broker or dealer		
	(o) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
	(p) \square sponsor, general partner, managing member (or equivalent) of pooled investment vehicles	Yes	: No
6.	Do you control or are you controlled by the related person?		•
			٠
7.	Are you and the related person under common control?	•	0
8.	(a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?	0	•
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that	0	0
	you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise		
	examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?		
	(c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets: Number and Street 1: Number and Street 2:		
	City: State: Country: ZIP+4/Postal Code:		
	If this address is a private residence, check this box: \square		
		Yes	
9.	(a) If the related person is an investment adviser, is it exempt from registration?	0	⊙
	(b) If the answer is yes, under what exemption?		
10	. (a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?	_	_
10	(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.	O	⊙
	No Information Filed		
11	. Do you and the related person share any supervised persons?	0	•
			-
12	. Do you and the <i>related person</i> share the same physical location?	0	•

1.	Legal Name of <i>Related Person</i> : WEALTH ADVISORY GROUP, INC.		
2.	Primary Business Name of <i>Related Person</i> : WEALTH ADVISORY GROUP, INC.		
3.	Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-) 801 - 107381 or Other		
4.	Related Person's (a) CRD Number (if any): 122269		
	(b) CIK Number(s) (if any): No Information Filed		
5.	Related Person is: (check all that apply) (a)	Yes	s No
6.	Do you control or are you controlled by the related person?	0	•
7.	Are you and the related person under common control?	•	0
8.	 (a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i>? (b) If you are registering or registered with the SEC and you have answered "yes," to question 8. (a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients</i>' funds or securities that are maintained at the <i>related person</i>? (c) If you have answered "yes" to question 8. (a) above, provide the location of the <i>related person</i>'s office responsible for <i>custody</i> of your <i>clients</i>' assets Number and Street 1: Number and Street 2: City: State: Country: ZIP+4/Postal Code: 	0	0
	If this address is a private residence, check this box:	Yes	: No
9.	(a) If the <i>related person</i> is an investment adviser, is it exempt from registration?(b) If the answer is yes, under what exemption?		•
10.	 (a) Is the related person registered with a foreign financial regulatory authority? (b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed 	0	•
11.	Do you and the related person share any supervised persons?	0	•
12.	Do you and the <i>related person</i> share the same physical location?	0	•
1.	Legal Name of <i>Related Person</i> : WORLD INSURANCE ASSOCIATES, LLC		
2.	Primary Business Name of Related Person:		

WORLD INSURANCE ASSOCIATES, LLC

 (b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person? (c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets Number and Street 1: Number and Street 2: City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box: D 	3.	Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)				
4. Websted femons: (a) CSD Namber (if any): (b) CIX Number(3) (if any): No Information Filled 1. Websted femons: (mock all that night) (a) Disched dealer, municipal securities dealer or government securities broken or dealer (b) Other dealer, municipal securities dealer or government securities broken or dealer (c) Institute municipal securities dealer or government securities broken or dealer (d) Institute municipal securities dealer (including innered planners) (d) Institute municipal securities dealer (including innered planners) (d) Institute contribution (e) Institute contribution (f) Commodity cool operator or commod trading advisor (whether registered or exernat from registration) (g) Institute commodities and contribution (g) Institute contribution or dealer (g) Institute contribution of definition periority (in equivalent), instituting peopled investment workides (g) Institute contribution of definition periority (in equivalent), instituting peopled investment workides (g) Institute contribution of definition periority (in equivalent), instituting peopled investment workides (g) Institute contribution of definition periority (in equivalent), instituting peopled investment workides (g) Institute contribution of definition periority (in equivalent), instituting peopled investment workides (g) Institute contribution of definition periority (in equivalent), institution in connection with advisory services you provide to clients? (g) Institute related person and as a qualified custodian for your clients in connection with advisory services you provide to clients? (g) Institute related person and as a qualified custodian for your clients in connection with advisory services you provide to clients? (g) Institute related person and as a qualified custodian for your clients in services and institute of the services		or				
(a) CR2 Number (a) (chart any): No Information Fical Mediated Version is: Check at that apply) (b) broker-disclor, manifepal securities doctor, or government seau-tities broker or doctor (c) broker-disclor, manifepal securities doctor, or government seau-tities broker or doctor (d) of other investment advisor (including formate) planners) (d) replaced manifest advisor (including formate) planners) (e) replaced manifest advisor (including formate) planners) (e) replaced manifest advisor or community formate (who the crephoral or parampt from registration) (f) replaced commission mechanic (f) replaced formation mechanics (f) replaced formation mechanics (f) replaced formation mechanics (f) replaced formation replaced formation mechanics (f) replaced formation for formation fo		Other				
(a) CR2 Number (a) (chart any): No Information Fical Mediated Version is: Check at that apply) (b) broker-disclor, manifepal securities doctor, or government seau-tities broker or doctor (c) broker-disclor, manifepal securities doctor, or government seau-tities broker or doctor (d) of other investment advisor (including formate) planners) (d) replaced manifest advisor (including formate) planners) (e) replaced manifest advisor (including formate) planners) (e) replaced manifest advisor or community formate (who the crephoral or parampt from registration) (f) replaced commission mechanic (f) replaced formation mechanics (f) replaced formation mechanics (f) replaced formation mechanics (f) replaced formation replaced formation mechanics (f) replaced formation for formation fo	4.	Related Person's				
S. Robitod Person is: (chock all that asply)						
S. Robitod Person is: (chock all that asply)						
5. Releted Person is. (check at that apply)						
(a) □ context dealer, municipal securities device, or generoment securities broken or dealer (complete investment advancer) (complete investment						
 6. Do you control or are you controlled by the related person? 7. Are you and the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients? (b) If you are registering or registered with the SEC and you have answered "yes," to question 8. (a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients funds or societies that are maintained at the related person and thus are not required to obtain a surprise examination for your clients funds or societies that are maintained at the related person office responsible for custody of your clients assets. Number and Street 1: (c) If you have answered "yes" to question 8. (a) above, provide the location of the related person's office responsible for custody of your clients' assets. Number and Street 1: (c) If you have answered "yes" to question 8. (a) above, provide the location of the related person's office responsible for custody of your clients' assets. Number and Street 1: (c) If you have answered "yes" to question 8. (a) above, provide the related person's office responsible for custody of your clients' assets. Number and Street 2: (c) If you have answered "yes" to question 8. (a) above, provide the related person is left to custody of your clients' assets. Number and Street 2: (d) If the related person is an investment adviser, is it exempt from registration? (e) If the answer is yes, under what exemption? 10. (a) Is the related person registered with a foreign financial regulatory authority with which the related person is registered. No Information Filed 11. Do you and the related person share any supervised persons? 12. Do you and the related person share the same physical location? 13. Legal Name of Related Person. Financial regulatory authority with which the related person share the same physical loca	5.	to broker-dealer, municipal securities dealer, or government securities broker or dealer to other investment adviser (including financial planners) ce registered municipal advisor registered security-based swap dealer major security-based swap participant commodity pool operator or commodity trading advisor (whether registered or exempt from registration) futures commission merchant h banking or thrift institution trust company countant or accounting firm k lawyer or law firm minsurance company or agency pension consultant real estate broker or dealer sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles				
 7. Are you and the <i>related person</i> under common <i>control</i>? 8. (a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i>? (b) If you are registering or registered with the SEC and you have answered "yes," to question 8. (a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients</i> 'funds or securities that are maintained at the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients</i> 'funds or securities that are maintained at the <i>related person</i> so fflice responsible for <i>custody</i> of your <i>clients</i> 'assets Number and Street 1: City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box: □ 9. (a) If the <i>related person</i> is an investment adviser, is it exempt from registration? (b) If the answer is yes, under what exemption? 10. (a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i>? (b) If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered. No Information Filed 11. Do you and the <i>related person</i> share any <i>supervised persons</i>? 12. Do you and the <i>related person</i> share the same physical location? 13. Legal Name of <i>Related Person</i>: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 24. Primary Business Name of <i>Related Person</i>: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 		(p)				
 7. Are you and the related person under common control? 8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients? (b) If you are registering or registered with the SEC and you have answered "yes," to question 8. (a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person's office responsible for custody of your clients' assets. Number and Street 1: Number and Street 1: Number and Street 1: City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box: □ 9. (a) If the related person is an investment adviser, is it exempt from registration? (b) If the answer is yes, under what exemption? 10. (a) Is the related person registered with a foreign financial regulatory authority with which the related person is registered. No information Filed 11. Do you and the related person share any supervised persons? 12. Do you and the related Person share the same physical location? 14. Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 25. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 	6	Do you control or are you controlled by the related nerson?		No		
(a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients? (b) If you are registering or registered with the SEC and you have answered "yes," to question 8. (a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person's office responsible for custody of your clients' assets Number and Street 1: Output and Street 1: City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box: □ 9. (a) If the related person is an investment adviser, is it exempt from registration? (b) If the answer is yes, under what exemption? 10. (a) Is the related person registered with a foreign financial regulatory authority with which the related person is registered. No information Filled 11. Do you and the related person share any supervised persons? 12. Do you and the related person share the same physical location? 13. Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.	0.	Bo you control of the you controlled by the related person.	0	•		
(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients</i> funds or securities that are maintained at the <i>related person</i> 's office responsible for <i>custody</i> of your <i>clients</i> assets Number and Street 1: Number and Street 1: Number and Street 2: City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box: 9. (a) If the <i>related person</i> is an investment adviser, is it exempt from registration? (b) If the answer is yes, under what exemption? 10. (a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ? (b) If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered. No Information Filed 11. Do you and the <i>related person</i> share any <i>supervised persons</i> ? 12. Do you and the <i>related person</i> share the same physical location? 13. Legal Name of <i>Related Person</i> : FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.	7.	Are you and the related person under common control?	•	0		
(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets. Number and Street 1: Number and Street 2: City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box: □ 9. (a) If the related person is an investment adviser, is it exempt from registration? (b) If the answer is yes, under what exemption? 10. (a) Is the related person registered with a foreign financial regulatory authority? (b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed 11. Do you and the related person share any supervised persons? 12. Do you and the related person share the same physical location? 13. Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 24. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.	8.	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise	0	© 0		
Number and Street 1: City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box: 9. (a) If the related person is an investment adviser, is it exempt from registration? (b) If the answer is yes, under what exemption? 10. (a) Is the related person registered with a foreign financial regulatory authority? (b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed 11. Do you and the related person share any supervised persons? 12. Do you and the related person share the same physical location? 13. Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 24. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.						
If this address is a private residence, check this box: 9. (a) If the <i>related person</i> is an investment adviser, is it exempt from registration? (b) If the answer is yes, under what exemption? 10. (a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ? (b) If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered. No Information Filed 11. Do you and the <i>related person</i> share any <i>supervised persons</i> ? 12. Do you and the <i>related person</i> share the same physical location? 13. Legal Name of <i>Related Person</i> : FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 14. Primary Business Name of <i>Related Person</i> : FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.			•			
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(b) If the answer is yes, under what exemption? 10. (a) Is the related person registered with a foreign financial regulatory authority? (b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed 11. Do you and the related person share any supervised persons? 12. Do you and the related person share the same physical location? 13. Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 24. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.		If this address is a private residence, check this box: L	Vos	. No		
10. (a) Is the related person registered with a foreign financial regulatory authority? (b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed 11. Do you and the related person share any supervised persons? 12. Do you and the related person share the same physical location? 13. Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 24. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.	9.	(a) If the related person is an investment adviser, is it exempt from registration?		0		
(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed 11. Do you and the related person share any supervised persons? 12. Do you and the related person share the same physical location? 13. Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 24. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.		(b) If the answer is yes, under what exemption?	~	~		
(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed 11. Do you and the related person share any supervised persons? 12. Do you and the related person share the same physical location? 13. Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 24. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.						
No Information Filed 11. Do you and the <i>related person</i> share any <i>supervised persons</i> ? 12. Do you and the <i>related person</i> share the same physical location? 1. Legal Name of <i>Related Person</i> : FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 2. Primary Business Name of <i>Related Person</i> : FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.	10.		0	⊙		
 Do you and the related person share any supervised persons? Do you and the related person share the same physical location? Legal Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. Primary Business Name of Related Person: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 						
 Legal Name of <i>Related Person</i>: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. Primary Business Name of <i>Related Person</i>: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 	11.		0	•		
 Legal Name of <i>Related Person</i>: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. Primary Business Name of <i>Related Person</i>: FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 						
FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 2. Primary Business Name of <i>Related Person</i> : FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.	12.	Do you and the <i>related person</i> share the same physical location?	0	⊙		
FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 2. Primary Business Name of <i>Related Person</i> : FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.						
FINANCIAL PLANNING CONCEPTS OF AMERICA, INC. 2. Primary Business Name of <i>Related Person</i> : FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.	1	Land Name of Poletal Pares				
FINANCIAL PLANNING CONCEPTS OF AMERICA, INC.						
3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)	2.	·				
801 - 64150						
or Other						

4.	Rela	ated Person's		
	(a)	CRD Number (if any):		
	<i>(</i> 1. <i>)</i>	126411		
	(b)	CIK Number(s) (if any): No Information Filed		
		No mornation med		
5.	Rela	ated Person is: (check all that apply)		
	(a)	broker-dealer, municipal securities dealer, or government securities broker or dealer		
	(b)	other investment adviser (including financial planners)		
	(c)	registered municipal advisor		
	(d)	registered security-based swap dealer		
	(e)	major security-based swap participant		
	(f)	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)		
	(g)	futures commission merchant		
	(h)	banking or thrift institution		
	(i)	☐ trust company		
	(j)	accountant or accounting firm		
	(k)	☐ lawyer or law firm		
	(I)	insurance company or agency		
	(m)	pension consultant		
	(n)	real estate broker or dealer		
	(o)	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
	(p)	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
			Yes	N
6.	Do y	you control or are you controlled by the related person?	0	(
7.	Are	you and the related person under common control?	•	,
			•	*
8.	(a)	Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?	0	,
		If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that		
	(b)	you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise	\circ	(
		examination for your <i>clients</i> ' funds or securities that are maintained at the <i>related person</i> ?		
	(c)	If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets		
	(0)	Number and Street 1: Number and Street 2:		
		City: State: Country: ZIP+4/Postal Code:		
		If this address is a private residence, check this box:		
			Yes	N
9.	(a)	If the related person is an investment adviser, is it exempt from registration?	0	(
	(b)	If the answer is yes, under what exemption?		
	()			
10.	(a)	Is the related person registered with a foreign financial regulatory authority?	0	
	(b)	If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.		•
	(6)	No Information Filed		
11	Do v	you and the related person share any supervised persons?	_	
		you and the related person share any supervised persons.	0	Į,
12	Do v	you and the <i>related person</i> share the same physical location?	_	
12.	D0 5	you and the related person share the same physical location:	0	(
1.	Lea	al Name of <i>Related Person</i> :		
	_	ATING, LLC		
2.	Prim	nary Business Name of <i>Related Person</i> :		
	KEA	ATING, LLC		
3.	Rela	ated Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)		
	-			
	or			
	Oth	ner		
4.		ated Person's		
	(a)	CRD Number (if any):		
	(h)	CIV Number(s) (if any):		
	(b)	CIK Number(s) (if any): No Information Filed		
1		IND THIOTHIGATION THICA		

5.	Related Person is: (check all that apply)							
	(a) Droker-dealer, municipal securities dealer, or government securities broker or dealer							
	(b) other investment adviser (including financial planners)							
	(c) registered municipal advisor							
	(d) registered security-based swap dealer							
	(e) □ major security-based swap participant(f) □ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)							
	(f) □ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)(g) □ futures commission merchant							
	(h) □ banking or thrift institution							
	(i) Trust company							
	(j) accountant or accounting firm							
	(k) \square lawyer or law firm							
	(I) Insurance company or agency							
	(m) pension consultant							
	(n) real estate broker or dealer							
	(o) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles							
	(p) \square sponsor, general partner, managing member (or equivalent) of pooled investment vehicles							
		Yes						
6.	Do you control or are you controlled by the related person?	\circ	\odot					
_	Are you and the related narrow under common control	_	_					
/.	Are you and the related person under common control?	⊙	О					
8.			•					
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?	0	0					
	(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:							
	Number and Street 1: Number and Street 2:							
	City: State: Country: ZIP+4/Postal Code:							
	If this address is a private residence, check this box: \square							
	(a) If the related person is an investment advicer, is it exempt from registration?	Yes						
9.	(a) If the related person is an investment adviser, is it exempt from registration?	0	О					
	(b) If the answer is yes, under what exemption?							
10	. (a) Is the related person registered with a foreign financial regulatory authority?	_	_					
10.		О	•					
	(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed							
11.	. Do you and the <i>related person</i> share any <i>supervised persons</i> ?	_	•					
			٠					
12.	. Do you and the <i>related person</i> share the same physical location?	0	•					
1.	Legal Name of Related Person:							
	TRIC AGENCY CORP.							
2.	Primary Business Name of <i>Related Person</i> :							
	TRIC AGENCY CORP.							
2	Related Research CEC File Number (if each) (e.m. 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0 201 0							
3.	Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)							
	or							
	Other							
4.	Related Person's							
	(a) CRD Number (if any):							
	(b) CIK Number(s) (if any): No Information Filed							
	No Illornation i lieu							
5.	Related Person is: (check all that apply)							
	(a) Droker-dealer, municipal securities dealer, or government securities broker or dealer							
	(b) \square other investment adviser (including financial planners)							
	(c) registered municipal advisor							
	(d) registered security-based swap dealer							

	(e)	major security-based swap participant		
	(f) (g)	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)futures commission merchant		
	10,	banking or thrift institution		
	(i)	□ trust company		
	(j)	accountant or accounting firm		
		lawyer or law firm		
	(l)	✓ insurance company or agency		
	(m) (n)	pension consultant real estate broker or dealer		
	` '	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
	(p)	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
			Yes	No
6.	Do y	ou <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?	0	•
7	۸ro	ou and the <i>related person</i> under common <i>control</i> ?	_	_
/.	Are	ou and the related person under common controls	•	О
8.	(a)	Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?	0	•
	(b)	If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?		0
	(c)	If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets	3:	
		Number and Street 1: Number and Street 2:		
		City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box:		
			Yes	No
9.	(a)	If the related person is an investment adviser, is it exempt from registration?	0	0
	(b)	If the answer is yes, under what exemption?		
10	. (a)	Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?	0	
		If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.	0	٠
		No Information Filed		
11	. Do y	ou and the <i>related person</i> share any <i>supervised persons</i> ?	0	•
12	. Do y	ou and the <i>related person</i> share the same physical location?	0	•
Ite	m 7 <i>F</i>	rivate Fund Reporting		
		· · · · · · · · · · · · · · · · · · ·	Yes	No
R	Are v	u an adviser to any <i>private fund</i> ?	_	_
Б.	ruc y	a directive to direction.	0	•
	and ir anoth	" then for each private fund that you advise, you must complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next section 6 of the Instructions to Part 1A. If you are registered or applying for registration with the SEC or reporting as an SEC exempt reporting adviser or SEC-registered adviser or SEC exempt reporting adviser reports this information with respect to any such private fund in Section 7.B.(1) of Schedule D of e.g., if you are a subadviser), do not complete Section 7.B.(1) of Schedule D with respect to that private fund. You must, instead, complete Section 7.B.(2) alle D.	r, and of its Fo	
	simila	er case, if you seek to preserve the anonymity of a private fund client by maintaining its identity in your books and records in numerical or alphabetical co designation, pursuant to rule 204-2(d), you may identify the private fund in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or designation ad's name.		e of
SEC	OITC	7.B.(1) Private Fund Reporting		
		No Information Filed		
SEC	CTIOI	7.B.(2) Private Fund Reporting		
		No Information Filed		

In this Item, we request information about your participation and interest in your clients' transactions. This information identifies additional areas in which conflicts of

Item 8 Participation or Interest in *Client* Transactions

interest may occur between you and your clients. Newly-formed advisers should base responses to these questions on the types of participation and interest that you expect to engage in during the next year. Like Item 7, Item 8 requires you to provide information about you and your related persons, including foreign affiliates. Proprietary Interest in Client Transactions Yes No A. Do you or any related person: (1) buy securities for yourself from advisory clients, or sell securities you own to advisory clients (principal transactions)? \circ (2) buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory clients? \circ (3) recommend securities (or other investment products) to advisory *clients* in which you or any *related person* has some other proprietary (ownership) \circ interest (other than those mentioned in Items 8.A.(1) or (2))? Sales Interest in Client Transactions Yes No B. Do you or any related person: (1) as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory client \circ \odot securities are sold to or bought from the brokerage customer (agency cross transactions)? (2) recommend to advisory clients, or act as a purchaser representative for advisory clients with respect to, the purchase of securities for which you or \circ any related person serves as underwriter or general or managing partner? (3) recommend purchase or sale of securities to advisory clients for which you or any related person has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)? Investment or Brokerage Discretion C. Do you or any related person have discretionary authority to determine the: Yes No (1) securities to be bought or sold for a client's account? \odot \circ (2) amount of securities to be bought or sold for a *client's* account? \circ (3) (3) broker or dealer to be used for a purchase or sale of securities for a client's account? ⊙ 0 (4) commission rates to be paid to a broker or dealer for a client's securities transactions? \odot \circ If you answer "yes" to C.(3) above, are any of the brokers or dealers related persons? \circ \odot Do you or any related person recommend brokers or dealers to clients? \circ If you answer "yes" to E. above, are any of the brokers or dealers related persons? \odot (1) Do you or any related person receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar

	()	benefits") in connection with <i>client</i> securities transactions?		•	•
	(2)	If "yes" to G.(1) above, are all the "soft dollar benefits" you or any <i>related persons</i> receive eligible "research or brokerage service 28(e) of the Securities Exchange Act of 1934?	es" under section	0	0
Н.	(1)	Do you or any related person, directly or indirectly, compensate any person that is not an employee for client referrals?		•	0

(2) Do you or any related person, directly or indirectly, provide any employee compensation that is specifically related to obtaining clients for the firm (cash or non-cash compensation in addition to the employee's regular salary)?

Do you or any related person, including any employee, directly or indirectly, receive compensation from any person (other than you or any related person) for client referrals?

In your response to Item 8.1., do not include the regular salary you pay to an employee.

In responding to Items 8.H. and 8.I., consider all cash and non-cash compensation that you or a related person gave to (in answering Item 8.H.) or received from (in answering Item 8.1.) any person in exchange for client referrals, including any bonus that is based, at least in part, on the number or amount of client referrals.

Item 9 Custody

(b) securities?

In this Item, we ask you whether you or a related person has custody of client (other than clients that are investment companies registered under the Investment Company Act of 1940) assets and about your custodial practices.

(1) Do you have custody of any advisory clients': Yes No (a) cash or bank accounts? \circ \odot

If you are registering or registered with the SEC, answer "No" to Item 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct your advisory fees directly from your clients' accounts, or (ii) a related person has custody of client assets in connection with advisory services you provide to clients, but you have overcome the presumption that you are not operationally independent (pursuant to Advisers Act rule 206(4)-2(d)(5)) from the related person.

 \circ

(2) If you checked "yes" to Item 9.A.(1)(a) or (b), what is the approximate amount of client funds and securities and total number of clients for which you have custody:

U.S. Dollar Amount Total Number of Clients

	(a) \$	(b)		
	the amount of those assets and the n	th the SEC and you have custody solely because you deduct your advisory fees directly from your clients' accounts, do number of those clients in your response to Item 9.A.(2). If your related person has custody of client assets in connec ts, do not include the amount of those assets and number of those clients in your response to 9.A.(2). Instead, include 9.B.(2).	ction with	
B.	(1) In connection with advisory serv	vices you provide to <i>clients</i> , do any of your <i>related persons</i> have <i>custody</i> of any of your advisory <i>clients'</i> :	Yes	No
	(a) cash or bank accounts?		0	•
	(b) securities?		0	•
	You are required to answer this item re	regardless of how you answered Item 9.A.(1)(a) or (b).		
	(2) If you checked "yes" to Item 9.E related persons have custody:	3.(1)(a) or (b), what is the approximate amount of <i>client</i> funds and securities and total number of <i>clients</i> for whic	:h your	
	U.S. Dollar Amount	Total Number of Clients		
	(a) \$	(b)		
C.	If you or your <i>related persons</i> have <i>c</i> apply:	ustody of client funds or securities in connection with advisory services you provide to clients, check all the follow	ing that	
	(1) A qualified custodian(s) sends a	account statements at least quarterly to the investors in the pooled investment vehicle(s) you manage.		
	(2) An <i>independent public accountan</i> distributed to the investors in the investor in t	t audits annually the pooled investment vehicle(s) that you manage and the audited financial statements are he pools.		
	(3) An independent public accountan	t conducts an annual surprise examination of <i>client</i> funds and securities.		
	(4) An independent public accountant qualified custodians for client fu	t prepares an internal control report with respect to custodial services when you or your related persons are nds and securities.		
	internal control report. (If you checked	C.(4), list in Section 9.C. of Schedule D the accountants that are engaged to perform the audit or examination or prepa d Item 9.C.(2), you do not have to list auditor information in Section 9.C. of Schedule D if you already provided this infadvise in Section 7.B.(1) of Schedule D).		
D.	Do you or your related person(s) act	as qualified custodians for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?	Yes	No
	(1) you act as a qualified custodian		0	\odot
	(2) your related person(s) act as qua	alified custodian(s)	0	•
		all related persons that act as qualified custodians (other than any mutual fund transfer agent pursuant to rule 206(4 chedule D, regardless of whether you have determined the related person to be operationally independent under rule .		
E.	If you are filing your <i>annual updating</i> provide the date (MM/YYYY) the exar	amendment and you were subject to a surprise examination by an independent public accountant during your las mination commenced:	t fiscal y€	ear,
F.		ustody of client funds or securities, how many persons, including, but not limited to, you and your related persons, n connection with advisory services you provide to clients?	, act as	
SEC	CTION 9.C. Independent Public Acco	untant		
		No Information Filed		
ltar	m 10 Control Persons			
		person that, directly or indirectly, controls you. If you are filing an umbrella registration, the information in Item 1	0 should	be
	vided for the <i>filing adviser</i> only.			
exe	ecutive officers. Schedule B asks for in	n or report, you must complete Schedule A and Schedule B. Schedule A asks for information about your direct ow formation about your indirect owners. If this is an amendment and you are updating information you reported or you filed with your initial application or report, you must complete Schedule C.		l
			Yes	No
A.	Does any <i>person</i> not named in Item	1.A. or Schedules A, B, or C, directly or indirectly, control your management or policies?	0	•
	If yes, complete Section 10.A. of Scher	dule D.		

В.	If any <i>person</i> named in Schedules A, B, or C or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Act of 1934, please complete Section 10.B. of Schedule D.	Excha	ange
SEC	TION 10.A. Control Persons		
	No Information Filed		
SEC	TION 10.B. <i>Control Person</i> Public Reporting Companies		
	No Information Filed		
	n 11 Disclosure Information		
whe	his Item, we ask for information about your disciplinary history and the disciplinary history of all your advisory affiliates. We use this information to determent to grant your application for registration, to decide whether to revoke your registration or to place limitations on your activities as an investment activities activities as an investment activities activities as an investment activities activi	dviser ons	· ,
offi	r advisory affiliates are: (1) all of your current employees (other than employees performing only clerical, administrative, support or similar functions); (2) a cers, partners, or directors (or any person performing similar functions); and (3) all persons directly or indirectly controlling you or controlled by you. If you a coarately identifiable department or division" (SID) of a bank, see the Glossary of Terms to determine who your advisory affiliates are.		our
the follo	ou are registered or registering with the SEC or if you are an exempt reporting adviser, you may limit your disclosure of any event listed in Item 11 to ten years date of the event. If you are registered or registering with a state, you must respond to the questions as posed; you may, therefore, limit your disclosure to ten owing the date of an event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purposes of calculating this ten-year date of an event is the date the final order, judgment, or decree was entered, or the date any rights of appeal from preliminary orders, judgments, or decrees la	n year r peric	rs
You	must complete the appropriate Disclosure Reporting Page ("DRP") for "yes" answers to the questions in this Item 11.		
		Yes	No
Do	any of the events below involve you or any of your supervised persons?	•	0
	"yes" answers to the following questions, complete a Criminal Action DRP:		
Α.	In the past ten years, have you or any <i>advisory affiliate</i> : (1) heap convicted of or plad quilty or pale contenders ("pa contest") in a demostic foreign, or military court to any folens?	_	No -
	(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?(2) been charged with any felony?	0	•
	(2) been <i>charged</i> with any <i>felony?</i>	0	⊙
	If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.A.(2) to charg are currently pending.	es tha	at
B.	In the past ten years, have you or any advisory affiliate:		
	(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: investments or an <i>investment-related</i> business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	0	•
	(2) been charged with a misdemeanor listed in Item 11.B.(1)?	\circ	\odot
	If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.B.(2) to charg are currently pending.	es tha	at
For	"yes" answers to the following questions, complete a Regulatory Action DRP:		
C.	Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:	Yes	No
	(1) found you or any advisory affiliate to have made a false statement or omission?	0	\odot
	(2) found you or any advisory affiliate to have been involved in a violation of SEC or CFTC regulations or statutes?	0	•
	(3) found you or any advisory affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	0	•
	(4) entered an order against you or any advisory affiliate in connection with investment-related activity?	0	•
	(5) imposed a civil money penalty on you or any advisory affiliate, or ordered you or any advisory affiliate to cease and desist from any activity?	0	\odot
D	Has any other federal regulatory agency, any state regulatory agency, or any foreign financial regulatory authority:		
D.	(1) ever found you or any advisory affiliate to have made a false statement or omission, or been dishonest, unfair, or unethical?	_	6
	(2) ever <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of <i>investment-related</i> regulations or statutes?	0	•
	(3) ever found you or any advisory affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	0	⊙ ⊙
	(4) in the past ten years, entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with an <i>investment-related</i> activity?	0	•

	(5) ever denied, suspended, or revoked your or any advisory affiliate's registration or license, or otherwise prevented you or any advisory affiliate, by order, from associating with an investment-related business or restricted your or any advisory affiliate's activity?	0	•
E.	Has any self-regulatory organization or commodities exchange ever:		
	(1) found you or any advisory affiliate to have made a false statement or omission?	0	•
	(2) found you or any advisory affiliate to have been involved in a violation of its rules (other than a violation designated as a "minor rule violation" under a plan approved by the SEC)?	•	0
	(3) found you or any advisory affiliate to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	0	•
	(4) disciplined you or any advisory affiliate by expelling or suspending you or the advisory affiliate from membership, barring or suspending you or the advisory affiliate from association with other members, or otherwise restricting your or the advisory affiliate's activities?	•	0
F.	Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any advisory affiliate ever been revoked or suspended?	0	•
G.	Are you or any advisory affiliate now the subject of any regulatory proceeding that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?	0	•
<u>For</u>	r "yes" answers to the following questions, complete a Civil Judicial Action DRP:		
Н.	(1) Has any domestic or foreign court:	Yes	No
	(a) in the past ten years, enjoined you or any advisory affiliate in connection with any investment-related activity?	0	•
	(b) ever found that you or any advisory affiliate were involved in a violation of investment-related statutes or regulations?	0	\odot
	(c) ever dismissed, pursuant to a settlement agreement, an investment-related civil action brought against you or any advisory affiliate by a state or foreign financial regulatory authority?	0	•
	(2) Are you or any advisory affiliate now the subject of any civil proceeding that could result in a "yes" answer to any part of Item 11.H.(1)?	0	•
ma reg	 swer this Item 12 only if you are registered or registering with the SEC and you indicated in response to Item 5.F. (2)(c) that you have regulatory assets unagement of less than \$25 million. You are not required to answer this Item 12 if you are filing for initial registration as a state adviser, amending a current gistration, or switching from SEC to state registration. purposes of this Item 12 only: Total Assets refers to the total assets of a firm, rather than the assets managed on behalf of <i>clients</i>. In determining your or another <i>person's</i> total asset may use the total assets shown on a current balance sheet (but use total assets reported on a consolidated balance sheet with subsidiaries included amount is larger). Control means the power to direct or cause the direction of the management or policies of a <i>person</i>, whether through ownership of securities, by controtherwise. Any <i>person</i> that directly or indirectly has the right to vote 25 percent or more of the voting securities, or is entitled to 25 percent or more or profits, of another <i>person</i> is presumed to <i>control</i> the other <i>person</i>. 	sets, ; ract, (ate you nat
A.	Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?		No O
	"yes," you do not need to answer Items 12.B. and 12.C.		
B.	Do you:		
υ.	(1) control another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	0	0
	(2) control another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?	0	0
C.	Are you:		
	(1) controlled by or under common control with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	0	0
	(2) controlled by or under common control with another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?	0	0

Direct Owners and Executive Officers

Schedule A

- 1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule ${\sf C}$ to amend this information.
- 2. Direct Owners and Executive Officers. List below the names of:
 - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;

- (b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);
 - Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
- (c) if you are organized as a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
- (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
- (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.
- 3. Do you have any indirect owners to be reported on Schedule B? Yes No
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.
- 5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: NA less than 5% B 10% but less than 25% D 50% but less than 75%
 - A 5% but less than 10% C 25% but less than 50% E 75% or more
- 7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
 - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

(c) Complete Cach Column.							
FULL LEGAL NAME (Individuals: Last	DE/FE/I	Title or Status	Date Title or Status	Ownership	Control	PR	CRD No. If None: S.S. No. and Date of
Name, First Name, Middle Name)			Acquired MM/YYYY	Code	Person		Birth, IRS Tax No. or Employer ID No.
HAMMOND, TROY, GLEN	I	CEO/PRESIDENT	04/2015	NA	Υ	N	2254232
WOODS, MICHAEL, SEAN	I	EXECUTIVE VICE PRESIDENT	05/2015	NA	Υ	N	2453768
TANCK, JENNIFER, A	1	EVP/CHIEF OPERATING OFFICER	03/2017	NA	Υ	N	4159179
WIA HOLDINGS, LLC	DE	OWNER	05/2022	E	Υ	N	
MACH, KATHERINE, MARIE	I	CHIEF COMPLIANCE	01/2023	NA	Υ	N	5973447

Schedule B

Indirect Owners

- 1. Complete Schedule B only if you are submitting an initial application or report. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.
- 2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:

OFFICER

- (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;
 - For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
- (b) in the case of an owner that is a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
- (c) in the case of an owner that is a trust, the trust and each trustee; and $\frac{1}{2}$
- (d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
- 3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
- 5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: C 25% but less than 50% E 75% or more
 - D 50% but less than 75% F Other (general partner, trustee, or elected manager)
- 7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
 - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

FULL LEGAL NAME (Individuals: Last	DE/FE/I	Entity in Which	Status	Date Status	Ownership	Control	PR	CRD No. If None: S.S. No. and Date of
Name, First Name, Middle Name)		Interest is Owned		Acquired	Code	Person		Birth, IRS Tax No. or Employer ID No.
				MM/YYYY				
WORLD ASSOCIATES HOLDINGS, LLC	DF	WIA HOLDINGS LLC	OWNER	05/2022	F	N	N	

								<u></u>		
CB CLOCKWORK MIDCO, LLC	DE	WORLD ASSOCIATES HOLDINGS, LLC	OWNER	05/2022	Е	N	N			
CB CLOCKWORK PARENT, LLC	DE	CB CLOCKWORK MIDCO, LLC	OWNER	05/2022	Е	N	N			
CB WORLD MANAGEMENT, LLC	DE	CB CLOCKWORK PARENT, LLC	OWNER	05/2022	С	N	N			
CHARLESBANK EQUITY FUND IX	DE	CB WORLD MANAGEMENT, LLC	OWNER	05/2022	С	N	N			
Schedule D - Miscellaneous										
You may use the space below to expla	ain a respons	e to an Item or to prov	ide any o	ther informatio	n.					
Schedule R										
	No Information Filed									
DRP Pages										
CRIMINAL DISCLOSURE REPORTING	G PAGE (AD)	/)								
No Information Filed										
REGULATORY ACTION DISCLOSURE	REPORTING	G PAGE (ADV)								
		GE	NERAL IN	STRUCTIONS						
This Disclosure Reporting Page (DRP ADV) is an O INITIAL OR O AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E.,										

		No Information	Filed					
DRP Pages								
CRIMINAL DISCLOSUR	RE REPORTING PAGE (ADV)							
No Information Filed								
REGULATORY ACTION	DISCLOSURE REPORTING PA	GE (ADV)						
		GENERAL INSTRUC	CTIONS					
This Disclosure Reportir	ng Page (DRP ADV) is an $_{ m C}$ INI $^{ m T}$	TIAL OR 🌀 AMENDED response u	sed to report details for affirmati	ve responses to Items 11.C., 11.D., 11.E.,				
11.F. or 11.G. of Form A	NDV.							
		Regulatory Ac	tion					
Check item(s) being re-	sponded to:							
□ 11.C(1)	□ 11.C(2)	□ 11.C(3)	□ 11.C(4)	☐ 11.C(5)				
□ 11.D(1)	□ 11.D(2)	□ 11.D(3)	□ 11.D(4)	□ 11.D(5)				
□ 11.E(1)	☑ 11.E(2)	□ 11.E(3)	☑ 11.E(4)					
□ 11.F.	□ 11.G.							
Use a separate DRP for completed Execution Pa		same event or <i>proceeding</i> may be	e reported for more than one pers	son or entity using one DRP. File with a				
_		swer to Items 11.C., 11.D., 11.E., ulator, provide details for each ac	_	to report details related to the same event				
PART I								
A. The person(s) or e	entity(ies) for whom this DRP is bory firm)	being filed is (are):						
O You and one or	more of your advisory affiliates							
	f your <i>advisory affiliates</i>							
If this DRP is being filed for an <i>advisory affiliate</i> , give the full name of the <i>advisory affiliate</i> below (for individuals, Last name, First name, Middle name). If the <i>advisory affiliate</i> has a <i>CRD</i> number, provide that number. If not, indicate "non-registered" by checking the appropriate box.								
ADV DRP - ADVIS	ADV DRP - ADVISORY AFFILIATE							
Number: Registered: ©	Yes O No	This <i>advisory affiliate</i> is ^O a Firm	⊙ an Individual					

(For individuals, Last, First, Middle)

	☐ This DRP should be removed from the ADV record because the <i>advisory affiliate(s)</i> is no longer associated with the adviser. ☐ This DRP should be removed from the ADV record because: (1) the event or <i>proceeding</i> occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an <i>exempt reporting adviser</i> with the SEC and the event was resolved in the adviser's or <i>advisory affiliate's</i> favor.
	If you are registered or registering with a state securities authority, you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.
	☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:
B.	If the <i>advisory affiliate</i> is registered through the IARD system or <i>CRD</i> system, has the <i>advisory affiliate</i> submitted a DRP (with Form ADV, BD or U-4) to the IARD or <i>CRD</i> for the event? If the answer is "Yes," no other information on this DRP must be provided. • Yes • No
	NOTE: The completion of this form does not relieve the advisory affiliate of its obligation to update its IARD or CRD records.
PAR	T II
1.	Regulatory Action initiated by:
	OSEC Other Federal OState OSRO OForeign
	(Full name of regulator, foreign financial regulatory authority, federal, state, or SRO)
2.	Principal Sanction:
	Other Sanctions:
3.	Date Initiated (MM/DD/YYYY):
	C Exact C Explanation If not exact, provide explanation:
4.	Docket/Case Number:
5.	Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable):
6.	Principal Product Type:
	Other Product Types:
7.	Describe the allegations related to this regulatory action (your response must fit within the space provided):
8.	Current Status? C Pending C On Appeal C Final
9.	If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:
If F	inal or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.
10.	How was matter resolved:
11.	Resolution Date (MM/DD/YYYY):
	C Exact C Explanation
	If not exact, provide explanation:
12.	Resolution Detail:
	A. Were any of the following Sanctions Ordered (check all appropriate items)?
	☐ Monetary/Fine Amount: \$
	☐ Revocation/Expulsion/Denial ☐ Disgorgement/Restitution
	☐ Censure ☐ Cease and Desist/Injunction
	☐ Bar ☐ Suspension
	B. Other Sanctions <i>Ordered:</i>

Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial

Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an advisory affiliate, date paid and if any portion of penalty was waived:

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

Part 2

Exemption from brochure delivery requirements for SEC-registered advisers

SEC rules exempt SEC-registered advisers from delivering a firm brochure to some kinds of clients. If these exemptions excuse you from delivering a brochure to all of your advisory clients, you do not have to prepare a brochure.

Yes No

Are you exempt from delivering a brochure to all of your clients under these rules?

 \circ

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

Brochure ID	Brochure Name	Brochure Type(s)
204106	WRAP FEE BROCHURE	Individuals, High net worth individuals, Wrap program
336704	PART 2A - RETIREMENT	Pension plans/profit sharing plans, Pension consulting
336705	PART 2A - WEALTH	Individuals, High net worth individuals, Wrap program

Part 3

CRS	Type(s)	Affiliate Info	Retire
卢	Investment Advisor		

Execution Pages

DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your principal office and place of business and any other state in which you are submitting a notice filing, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, order instituting proceedings, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative proceeding or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, proceeding, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your principal office and place of business or of any state in which you are submitting a notice filing.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any person having custody or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: KATHERINE MACH

03/31/2023

Date: MM/DD/YYYY

Printed Name:

Title:

KATHERINE MACH
Adviser *CRD* Number: 208512

CHIEF COMPLIANCE OFFICER

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a *notice filing*.

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

3. Non-Resident Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: Date: MM/DD/YYYY

Printed Name: Title:

Adviser CRD Number:

208512