Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9017009

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	If amer	ded, pro	vide fi	ling date	e of r	eport	that is	being ame	ended		(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFY	ING THE	REPOR	Г								
Indicate the party certifying the Instrument 81-106 Investment I									restment fund	d, refer to sec	tion 1.1 of National
Investment fund is						, ,					
Issuer (other than	Issuer (other than an investment fund)										
Item 3 - Issuer Name and Other Identifiers											
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.											
	Full legal name Perisen Life Settlements Corporation II Inc.										
Previous full legal name											
If the issuer's name cha	anged in the	last 12 ma	onths, pi	rovide mos	t rece	nt previ	ious lega	ıl name.			
	Website	www.pe	erisen.	com				(if applicabl	e)		
If the issuer has a legal entity ia	lentifier, pro	vide below	. Refer t	o Part B o	f the l	nstructio	ons for tl	he definition o	of "legal enti	'ty identifier".	
Legal entity	identifier										
If two or more issuers distribute	ed a single se	curity, pro	vide the	full legal	name	(s) of th	e co-issu	ıer(s) other th	an the issuer	r named abov	<i>'e</i> .
Full legal name(s) of co-	-issuer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITER	INFORM	ATION									
If an underwriter is completing	the report, p	provide the	underw	riter's full	legal i	name a	nd firm I	NRD number.			
Full legal name											
Firm NRD number	Firm NRD number (if applicable)										
If the underwriter does not have	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.										
Street address											
Municipality							Provi	ince/State			
Country					Ī	Pos	tal code	e/Zip code			7
Telephone number								Website			(if applicable)

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
🗌 Mortgages 🔄 Real estate 🔄 Commercial/business debt 🔄 Consumer debt 🔄 Private companies
Cryptoassets
b) Number of employees
Number of employees: 0 - 49 50 - 99 100 - 499 500 or more
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No Yes If yes, provide SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end YYYY MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
AII AB BC MB NB NL NT
NS NU ON PE QC SK YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only)
CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
h) Size of issuer's assets
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

ITEM 6 - INVESTMEN	T FUND ISSUER INFORMATION
If the issuer is an inves	stment fund, provide the following information.
a) Investment fund m	anager information
Full legal name	Spartan Fund Management Inc.
Firm NRD number	2 0 5 0 0 (if applicable)
If the investment fund man	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.
Street address	
Municipality	Province/State
Country	Postal code/Zip code
Telephone number	Website (if applicable)
b) Type of investmen	t fund
Type of investment fund the	at most accurately identifies the issuer (select only one) .
Money market	Equity Fixed income Balanced
✓ Alternative strateg	gies Cryptoasset Other (describe)
	th of the following apply to the investment fund .
Invests primarily in	n other investment fund issuers
Is a UCITs Fund	
	ctive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	and financial year-end of the investment fund
Date of forma	tion 2018 12 10 Financial year-end 12 31
	YYYY MM DD MM DD
d) Reporting issuer st	tatus of the investment fund
Is the investment fund a rep	porting issuer in any jurisdication of Canada? 🔽 No 🗌 Yes
	s of Canada in which the investment fund is a reporting issuer.
	AB BC MB NB NL NT
	NU ON PE QC SK YT
e) Public listing status	s of the investment fund
If the investment fund has a	a CUSIP number, provide below (first 6 digits only)
	CUSIP number
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.
Exchange n	name
f) Net asset value (NA	AV) of the investment fund
Select the NAV range of the	e investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M	S5M to under \$25M ✓ \$25M to under \$100M
\$100M to under \$50	0M \$500M to under \$1B \$1B or over Date of NAV calculation: 2019 12 24
	YYYY MM DD

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

a) Currency Select the currency or currencias in which the distribution war made. All dollar or mounts provided in the report must be in Canadian dollar. ✓ Canadian dollar U US dollar Euro Other (describe) ✓ Distribution dete(s) State the distribution start and end dates. If the report is being field for securities distributed an any one distribution date. provide the distribution date and addres. If the report is being field for securities distributed an any one distribution date. provide the distribution date and addres. If the report is being field for securities distributed an a one innucus basis, include the start and end dates for the report is being field for securities distributed an a continuous basis, include the start and end dates for the report. Start date 2019 01 02 C) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. O Types of securities distributions properted on a per security basis. Refer to Part A(12) of the instructions for hour to indicate the security code. If providing the COSIP number, indicate the full 9-digit COSIP number assigned to the security basis. Refer to Part A(12) of the instructions for hour to indicate the security code. If providing the COSIP number, indicate the full 9-digit COSIP number assigned to the security basis. Refer to Part A(12) of the instructions for hour to indicate the security code. If generating the cosiPart provide the distribution and excelle security. Ø of the distribution or providing the COSIP number, indicate the security basis. Refer to Part A(12) of the instructions for hour to indicate the security code. If providing the COSIP number assigned to the security basis. The security of the distribution were distributed, provide the secure prive assigned to report the security basis. The security basis distributed and provide the security for each right. If any convertibile/exchangeable securities Boothy CosiPart and Convertibile/exchangeable securitie	purchasers resident in that jurisa	nada completes a distribution in a juriso liction of Canada only. Do not include ir which must be disclosed in Item 8. The	ltem 7 securities issu	ed as payment of c	commissions or fi	nder's fees in		
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Québec NI 45-106 2.3 [Accredited investor] 5 714,000.00 Total dollar amount of securities distributed	Ontario	NI 45-106 2.3 [Accredited investor]			40	22,556,167.30		
Total dollar amount of securities distributed 24,881,167.30	Prince Edward Island	NI 45-106 2.3 [Accredited inve		4	375,000.00			
	Québec	NI 45-106 2.3 [Accredited inve	estor]		5	714,000.00		
Total number of unique purchasers ^{2b} 62		Total	dollar amount of se	ecurities distribut	ed	24,881,167.30		
		Total number of u	inique purchasers ^{2b}	(62			

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Alberta	543,000.00
British Columbia	318,000.00
New Brunswick	75,000.00
Nova Scotia	300,000.00
Ontario	22,339,750.00
Prince Edward Island	375,000.00
Québec	714,000.00
Total net proceeds to the investment fund	24,664,750.00

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)	

ITEM 8 - COMPENSATION	NFORMATION				
Provide information for each perso the distribution. Complete additi					any compensation in connection with i ted.
Indicate whether any compensation	on was paid, or will be paid,	in connectio	on with the distributio	n.	
✓ No 🗌 Yes	If yes, indicate numbe	er of perso	ns compensated.		
a) Name of person compen-	sated and registration st	atus			
Indicate whether the person compe	nsated is a registrant.		No [Yes	
If the person compensated is an inc	lividual, provide the name c	of the individ	lual.		
Full legal name of individu	al				
	Family name	e	First give	en name	Secondary given names
If the person compensated is not a	ו individual, provide the foll	owing inforr	nation.		
Full legal name of	non-individual				
Firm	NRD number			(if app	blicable)
Indicate whether the person compe	ensated facilitated the distrik	ution throu	ah a fundina portal or		portal. No Yes
b) Business contact informa					
If a firm NRD number is not provid		husiness co	ntact information of t	he person heina coi	mnensated
Street address					
				Province/State	
Municipality			_		
Country			Posta	al code/Zip code	
Email address			Те	lephone number	
c) Relationship to issuer or	nvestment fund manage	er			
Indicate the person's relationship w the Instructions and the meaning c					raning of "connected" in Part B(2) of
Connect with the issuer of	or investment fund manage	r	Insic	der of the issuer (ot	her than an investment fund)
Director or officer of the i	nvestment fund or investme	ent fund ma	nager 🗌 Emp	loyee of the issuer	or investment fund manager
None of the above					
d) Compensation details					
	missions, securities-based co ns clerical, printing, legal or o	ompensation accounting :	n, gifts, discounts or ot services. An issuer is n	ther compensation. ot required to ask f	stribution. Provide all amounts in Do not report payments for services for details about, or report on, internal
Cash commissions paid				Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴		S	ecurity codes		
Describe term	ns of warrants, options or ot	ther rights			
Other compensation ⁵		Describe			
Total compensation paid					
Check box if the perso	n will or may receive any de	eferred com	pensation (describe t	he terms below)	
⁴ Provide the aggregate value of a					
additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compens	ional securities of the issue		rities distributed as co	ompensation, <u>inclu</u>	<u>ding</u> options, warrants or other

ITEM 9 - DIRECTORS, EXECU	TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER							
If the issuer is an investment fund	l, do not complete l	tem 9. Procced to	Item 10.					
Indicate whether the issuer is any o	Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).							
Reporting issuer in any juris	Reporting issuer in any jurisdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶								
Provide nan	Provide name of reporting issuer							
Wholly owned subsidiary of a foreign public issuer ⁶								
Provide name of	foreign public issue	r]
Issuer distributing only eligi	ole foreign securities	and the distributio	n is to permitted clie	ents only ⁷				
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
⁶ An issuer is a wholly owned subsid securities that are required by law to respectively. ⁷ Check this box if it applies to the cu clients. Refer to the definitions of "e	be owned by its dir urrent distribution eve	ectors, are benefic en if the issuer mad	ially owned by the re de previous distributi	eporting issuer or t ions of other types	the foreign	public is	suer,	
If the issuer is none of the	0 0	, ,	()					
			<i>item 5(u)</i> - (t).					
a) Directors, executive officer								
Provide the following information for territory; otherwise state the country.						tate the	province	or
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to ct all that	
				Province or	country	D	0	Р
b) Promoter information								
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.								
Organization or company name	ganization or company name Family name First given name Secondary given names Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)							oter icable)
				Province or country	D		С	
c) Residential address of eac		ocidontial adda	for each individ	l listed in theme of	(a) and (1)	and -1	hack to the	
Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.								

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	Spartan Fund Management Inc.							
Full legal name	Channell Brent							
	Family name	First given name		Seconda	iry given n	ames		
Title	Managing Director							
Telephone number	4166013172	Email address	bchannell	@sparta	infunds.	ca		
Signature	Brent Channell	Date	2020	01	21			
			YYYY	MM	DD			

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report

Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	nail address		

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information
 pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory
 authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of
 the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and
 business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the
 security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.