

COMMODITY FUTURES TRADING COMMISSION

FORM SDR

**SWAP DATA REPOSITORY
APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION**

COVER SHEET

KOR Reporting Inc

Exact name of Applicant as specified in charter

2136 Lassiter Field Dr NE, Marietta GA 30066

Address of principal executive offices

If this is an **APPLICATION** for registration, complete in full and check here.

If this is an **APPLICATION FOR PROVISIONAL REGISTRATION**, complete in full and check here.

If this is an **AMENDMENT** to an application or to an effective registration, complete in full, list all items that are amended and check here.

Exhibits: B-1, D-2, F-2, J, K, M-1, M-2, Q-1, Q-2, Z-3, 49 Checklist, 43 45 50 Checklist, BB, CC

GENERAL INFORMATION

1. Name under which business is or will be conducted, if different than name specified above:

N/A

2. If name of business is being amended, state previous business name:

N/A

3. Contact information, including mailing address if different than address specified above:

N/A

Number and Street			
City	State	Country	Zip Code
678.612.6133			
Main Phone Number		Fax	tmanuel@korfinancial.com
korfinancial.com			jthursby@korfinancial.com
Website URL		E-mail Address	

4. List of principal office(s) and address(es) where swap data repositories activities are or will be conducted:

<u>Office</u>	<u>Address</u>
N/A	

5. If the Applicant is a successor to a swap data repository, please complete the following:

N/A

a. Date of succession

b. Full name and address of predecessor registrant

Name

Number and Street

City State Country Zip Code

Phone Number

Fax Number

E-mail Address

6. Furnish a description of the function(s) that the Applicant performs or proposes to perform:

Swap Data Repository Functions

Please indicate which asset class(es) the Applicant intends to serve:

Interest Rate

Equity

Credit

Foreign Currency

Commodity (Specify) All

Other (Specify) _____

BUSINESS ORGANIZATION

7. Applicant is a:

Corporation

Partnership

Limited Liability Company

Other (Specify) _____

8. Date of incorporation or formation: 2021-04-22

9. State of incorporation or jurisdiction of organization:

Delaware

List all other jurisdictions in which Applicant is qualified to do business (including non-US jurisdictions):

N/A

10. List all other regulatory licenses or registrations of Applicant (or exemptions from any licensing requirement), including with non-US regulators:

N/A

11. Date of fiscal year end: December 31

12. Applicant agrees and consents that the notice of any proceeding before the Commission in connection with its application may be given by sending such notice by certified mail to the person named below at the address given.

Tara Manuel (Chief Compliance Officer and Head of Regulatory Products)

Print Name and Title

2136 Lassiter Field Dr NE

Number and Street

Marietta

GA

30066

City

State

Zip Code

678.612.6133

tmanuel@korfinancial.com

Phone Number

Fax Number

E-mail Address

SIGNATURES

13. The Applicant had duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 21 day of March _____, 2022 __. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form SDR and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

KOR Reporting Inc

Name of Applicant



Signature of Duly Authorized Person

Jonathan Thursby, Chief Executive Officer

Print Name and Title of Signatory