



**PFC Interrogatories:** Answer every question (f the answer is none, write “none”). If additional space is needed, provide the response in an attachment.

1. Describe any interest the PFC has, either directly or indirectly, in the capital stock of any other company.

2. Describe any action taken against the PFC's license or authority to do business by any regulatory agency during this report period.

3. Describe any business, other than the financing of insurance premiums, conducted in the office of the PFC.

4. Describe any contingent liabilities (loans endorsed, lawsuits, etc.) not recorded on the books at year-end.

5. Describe any files or accounts not kept separate and apart from all other business.

6. Describe any reimbursement to agents, other than a \$2.00 fee, for the preparation of each premium finance agreement.

7. If insurance is cancelled, does the PFC collect the unearned commission from the agent (explain if needed)?  Yes  No

8. Are cancellations effectuated in compliance with [Section 1511](#) of the Michigan Insurance Code (explain if needed)?  Yes  No

9. If a loan is prepaid, does the PFC refund the unearned interest charge (explain if needed)?  Yes  No

**PFC Contracts:** Complete all information.

	Michigan Business Only		All States (including Michigan)	
	For this report year	For the previous report year	For this report year	For the previous report year
Number of premium finance contracts written				
Number of premium finance contracts cancelled by power-of-attorney		N/A		N/A
Total Premium	\$	N/A	\$	N/A
Down Payments	\$	N/A	\$	N/A
Principal Balance	\$	\$	\$	\$
Service Charges	\$	N/A	\$	N/A

**PFC Insurers:** Identify all **insurers** whose premiums you financed this report year and enter the percentage based on the dollar value of your business with each insurer compared to your total business (attach additional pages if necessary).

NAIC Cocode	Insurer Name	Percentage of Business	NAIC Cocode	Insurer Name	Percentage of Business

**AFFIDAVIT OF OWNER, DIRECTOR, PARTNER, OR OFFICER**

The signer of this document, being duly sworn, states: I am an owner, director, partner, or officer of the premium finance company named in this annual statement. At the close of business on December 31 of this report year, all transactions were truthfully and accurately entered on the company's books, except as clearly noted and explained within this annual statement.

I have examined this annual statement and attachments, if any, and state that the information reported is true, complete and correct to the best of my knowledge and belief.

Name (type or print)	Title (type or print)
Signature (original or electronic only)	Date

Public Act 352 of 1968 requires submission of this form to renew an individual or corporate premium finance company license. Failure to properly complete and submit this form may result in the inactivation of your existing license.

Email ([DIFS-LicensingORE@michigan.gov](mailto:DIFS-LicensingORE@michigan.gov)) or mail to:

**DIFS Insurance Licensing**  
**PO Box 30220**  
**Lansing, MI 48909-7720**



**Michigan Department of Insurance and Financial Services**

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