

Statement of Owners, Officers, and Directors of a Premium Finance Company

Complete a statement for each owner, partner, officer, or director. Any individual stockholder that owns or controls 10% or more of the issued and outstanding stock of the premium finance company must also complete a statement.

STATEMENT OF INDIVIDUAL:

Premium Finance Company Name:										Federal Employee Identification Number									
Legal Name:					Social Security Number:					Date of Birth:									
Street Address (Residence):										City:			State:		ZIP Code:				

Relationship to Premium Finance Company:

- Sole Owner or Partner Stockholder
 Officer Director

Percentage of Ownership: _____

Name of Office Held, if applicable: _____

Individual's Primary Occupation, if different than above: _____

- Has any state or federal agency taken any compliance action (suspension, revocation, denial or other) against a securities, insurance or other professional license applied for or held by this individual?
 Yes No
- Has this individual ever been convicted of a misdemeanor or felony other than minor traffic violations?
 Yes No
- Has this individual ever been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, conservatorship or entered into a compact among creditors?
 Yes No

CERTIFICATION:

I certify that the information in this statement and attachments are true and complete.

Signature of Person Named in this Statement (Digital/Original Signature Only):

Date Signed:

When complete, submit to:

Preferred method of submission: DIFS-LicensingORE@michigan.gov
 Department of Insurance and Financial Services
 PO Box 30220
 Lansing, MI 48909-7720

PA 352 of 1968 requires submission of this form. Failure to complete and submit this form could result in denial of your application for licensure.



Michigan Department of Insurance and Financial Services

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