

PREMIUM FINANCE COMPANY BALANCE SHEET

Include this completed balance sheet with your Annual Statement or premium finance company application for licensure.

Report for the year ending December 31, 20____

COMPANY INFORMATION

Name of licensee and mailing address (include street address)	Company is organized as: (select only one) Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>
---	--

ASSETS		LIABILITIES		
1. Cash and bank deposits		1. Notes payable to banks (Itemized on schedule C)		
2. Notes receivable		2. Notes payable to others (Itemized on Schedule D)		
3. Accounts receivable		3. Accounts payable		
4. Life insurance (cash surrender value, do not deduct loans)		4. Taxes due		
5. Securities (Itemized on Schedule A)		5. Rent due		
6. Other current assets (Itemize)		6. Loans against life insurance (Itemized on Schedule E)		
7.		7. Accrued expenses		
8. Real estate (Itemized on Schedule B)		8. Chattel mortgages		
9. Furniture and fixtures (used in business)		9. Real estate mortgages		
10. Prepaid expenses		10. Reserves (Itemize)		
11. Other assets (Itemize)		11. Other liabilities (Itemize)		
12.		12.		
13.		13.		
14.		14. Total liabilities		
15.		15. Net Worth (if not incorporated)		
16.		16. Capital Stock (if incorporated, complete table below)		
17.			No. of Shares	Current Market Value
		Preferred		Par Value
		Common		
18.		17. Surplus (if incorporated)		
19. Total Assets		18. Total Liabilities and Net Worth/Capital/ Surplus		

SCHEDULE A - SECURITIES OWNED				
Face value (bonds) No. of shares (stocks)	Description of security	Market value	Income received last year	To whom pledged

SCHEDULE B - REAL ESTATE						
Location, description and year purchased	Cost	Assessed value	Fire insurance	Present value	Mortgage amount/when due	Yearly gross rental income

SCHEDULE C - DUE TO BANKS			
Name of Bank	Collateral	When Due	Amount Due
Total Due To Banks			

SCHEDULE D - DUE TO OTHERS			
Name of Creditor	Collateral	When Due	Amount Due
Total Due To Others			

SCHEDULE E - LIFE INSURANCE					
Name of Insurance Company, Policy Number and Issue Date	Beneficiary	To whom policy is assigned	Face amount of policy	Total loans against policy	Total cash surrender value

AFFIDAVIT OF OWNERS OR OFFICERS

Each signer of this document, being duly sworn, states that: I am an owner, partner, or officer of the premium finance company named in this balance sheet. I have examined this report, and any attachments that are submitted with it, and they are true, complete and correct to the best of my knowledge and belief.

Signature _____ Date _____

Print Name/Title of Owner/Partner/Officer _____

Signature _____ Date _____

Print Name/Title of Co-Owner/Partner/Officer _____

State of _____ Subscribed and sworn to me this _____ day of _____, 20____

County of _____

Notary Public

My commission expires: _____

When complete, submit to:

Mailing Address: DIFS Insurance Licensing PO Box 30220 Lansing MI 48909-7720	OR	Delivery address: DIFS Insurance Licensing 530 W Allegan Street, 7th Floor Lansing MI 48933-1521
--	-----------	--

PA 352 of 1968 requires submission of this form to obtain or continue an individual or corporate premium finance company license. Failure to complete and submit this form could result in denial of your application for licensure or renewal of your existing license.



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442