

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:

Name: _____

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: _____

1. 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

2. Has this individual ever been convicted of a misdemeanor or felony other than minor traffic violations?

- Yes No

3. 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: _____

Date Signed: _____

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. Failure to complete and submit this form could result in denial of your application for licensure.



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