



**PREMIUM FINANCE COMPANY BALANCE SHEET**  
**NORTH DAKOTA INSURANCE DEPARTMENT**  
 SFN 16836 (9-2006)

Report for the year beginning January 1 and ending December 31, 20 \_\_\_\_.

**COMPANY INFORMATION**

Name of Licensee	Company Organization ( <i>select only one</i> )		
	Individual	Partnership	Corporation

ASSETS		LIABILITIES			
Cash and Bank Deposits		Notes Payable to Banks (from Schedule C)			
Notes Receivable		Notes Payable to Others (from Schedule D)			
Accounts Receivable		Accounts Payable			
Securities (Itemized on Schedule A)		Taxes Due			
Life Insurance (cash surrender value, do not deduct loans)		Rent Due			
Other Current Assets (Itemize)		Loans Against Life Insurance			
		Accrued Expenses			
		Chattel Mortgages			
Real Estate (Itemized on Schedule B)		Real Estate Mortgages			
Furniture and Fixtures (used in business)		Reserves (Itemize)			
Prepaid Expenses					
Other Assets (Itemize)					
		Other Liabilities (Itemize)			
<b>TOTAL ASSETS</b>					
		<b>TOTAL LIABILITIES</b>			
		Net Worth (if not incorporated)			
		Capital Stock (if incorporated, complete table below)			
		No. of Shares	Current Market Value	Par Value	
	Preferred				
	Common				
		Surplus			
		<b>TOTAL</b>			

**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 & YEAR PURCHASED	COST	ASSESSED VALUE	FIRE INSURANCE	PRESENT VALUE	MORTGAGE AMOUNT AT YEAR END	YEARLY GROSS RENTAL INCOME

**SCHEDULE C - DUE TO BANKS**

NAME OF BANK	COLLATERAL	WHEN DUE	AMOUNT DUE
<b>TOTAL DUE TO BANKS</b>			

**SCHEDULE D - DUE TO OTHERS**

NAME OF BANK	COLLATERAL	WHEN DUE	AMOUNT DUE
<b>TOTAL DUE TO OTHERS</b>			

**LIFE INSURANCE**

NAME OF INSURANCE COMPANY POLICY NUMBER & 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 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 of Owner, or Officer if Incorporated	Date	Name and Title (Typed or Printed)
Signature of Co-owner if Partnership	Date	Name and Title (Typed or Printed)

State of \_\_\_\_\_ )  
 ) ss. \_\_\_\_\_  
 County of \_\_\_\_\_ )

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_

Notary Public

My Commission Expires:

(Seal)