



ANNUAL STATEMENT FOR AN INSURANCE PREMIUM FINANCE COMPANY
NORTH DAKOTA INSURANCE DEPARTMENT
 SFN 16824 (11-2003)

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

COMPANY INFORMATION

Name of Licensee			
Mailing Address	City	State	Zip Code
Address of Principal Place of Business (if different than above)	City	State	Zip Code
If Operating Under a DBA, Enter Name	Name of Contact Person or Preparer	Telephone Number	
Company Operates in These States			
Company Organization <i>(select only one)</i> Individual Partnership Corporation		License Number	Date of Incorporation or Organization
Name of Parent Company (if applicable)			
Mailing Address	City	State	Zip Code

OFFICERS AND DIRECTORS

OFFICER	NAME	% OF STOCK OWNED	DIRECTORS NAMES	% OF STOCK OWNED
President				
Vice President				
Secretary				
Treasurer				

Describe any changes of officers and directors during this reporting period

INTERROGATORIES

Each question or statement must be answered. If answer is none, write "none". Otherwise, include a complete explanation. Answer yes/no questions by placing an "x" in the appropriate box. Attach additional sheets if necessary.

1. Explain any interest this company has, either direct, or indirect, in the capital stock of any other company.
2. Explain any action taken against the company's license or authority to do business, by any regulatory agency during this reporting period.
3. Describe any business other than the financing of insurance premiums, conducted in the same office as the premium finance company.
4. Describe any contingent liabilities (loans endorsed, law suits, etc.) not recorded on the books at year end.

INTERROGATORIES (Continued)

5. Describe any files or accounts not kept separate and apart from all other business.		
6. Describe any reimbursements to agents, other than a fee not exceeding \$2.00 for preparation of each premium finance agreement.		
7. If insurance is cancelled, does the company collect the unearned commission from the agent?	Yes	No
8. If a loan is pre-paid, does the premium finance company refund the unearned interest charge?	Yes	No

ANALYSIS OF PREMIUM FINANCE CONTRACTS

Shaded areas in the Previous Year columns indicate that no response is required. Do not write in the shaded areas.	ND Business Only		All States (including ND)	
	For this reporting year (calendar year)	For the previous calendar year	For this reporting year (calendar year)	For the previous calendar year
Total number of premium finance contracts written				
Total Premium (dollar amount)				
Down Payments (dollar amount)				
Principal Balance (dollar amount)				
Service Charges (dollar amount)				
Number of contracts cancelled by Power-of-Attorney				
Identify the insurers whose premiums you financed within the report year. If you worked with more than 6 companies, list the 6 with which you did the largest volume. Enter the approximate percentage (based on dollar volume) of your total business conducted with each company listed.				
INSURER	APPROXIMATE %	INSURER	APPROXIMATE %	

AFFIDAVIT OF OWNERS OR OFFICERS

State		County	
Each signer of this document, being duly sworn, states that: I am an owner or officer of the premium finance company named in this annual statement. At the close of business December 31st of the stated report year, all transactions of the year were truthfully and accurately entered on the books of this company, except as clearly noted and explained within this annual statement. I have examined this annual statement and the attachments that are submitted with it, and they are true, complete and correct to the best of my knowledge and ability.			
Signature of Owner, or Officer if Incorporated	Date	Name (Type or Print)	Title
Signature of Co-owner if Partnership	Date	Name (Type or Print)	Title

Before filing this statement:

Enclose the following items:

1. A copy of each type of premium finance agreement issued in North Dakota during the reporting period.
2. Premium Finance Company Balance Sheet (SFN 16836).

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

Notary Public

Mail the above items with this completed statement to:

North Dakota Insurance Department
600 East Boulevard Avenue
Bismarck, ND 58505

(Seal)

My Commission Expires: _____