Name of Premium Finance Company								
NA 111		100				O	T 0 1	
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								
Company Operates in These States								
Company Organization (select only one Individual Partnership	Corporation	Federal Identification Number Date of Ir				Incorporation or Organization		
Name of Parent Company (if applicable	)							
Mailing Address		City				State	Zip Code	
	GENERA	L INTERRO	GATORIES					
Ever had any type of license or periodic cancelled, or otherwise denied for a 2. Ever been arrested or convicted for minor traffic violations?     Been placed in voluntary or involunt of the answer to any of the above is "Year and the series of the series of the above is "Year and the series of t	any reason?a violation of the laws of the Utary bankruptcy, receivership, to	Inited States, rusteeship or	of this, or any other conservatorship?	state excludi		Ye: Ye: Ye:	s No	
	PARTNERSHIP	AND/OR	ASSUMED NAM	IE				
Name Under Which You Will Operate					Is Name Fi Yes	led with F No	Proper Authorities?	
If Assumed Name, Give Member Filed I	Jnder Name				163	110		
If applicant is a partnership, list names	and addresses of all partners.							
NAME	ADDRESS		CITY STAT		ZIP CODE	:	OCCUPATION	
Attach copy of assumed name filing and	d/or partnership agreement nov	w in effect.		·		·		
C	ORPORATIONS (FORE	IGN/DOME	STIC) AND ASS	OCIATIO	NS			
OFFICERS: NAME	ADDRESS		CITY	STATE	ZIP CODE		TITLE AND/OR OCCUPATION	

DIRECTORS:						TITLE AND	7/OP	
NAME	ADDR	RESS	CITY	STATE	ZIP CODE	TITLE AND/OR OCCUPATION		
		STOCKHOL	DERS					
List all persons owning or controlling (di	iroethy or indirectly) 100			Nr.			% OF	
NAME	ADDR		CITY	STATE	ZIP CODE	TITLE AND/OR	%OF STOCK OWNED	
IVAIVIL	ADDR	.L.33	STATE		ZIF CODE	OCCUPATION OWNE		
Type of Outstanding Stock			Total # of Shares of Ou	 tstanding	Stock			
Type of Outstanding Stock  Total # of Shares of Outstanding Stock								
The foregoing	statements and answ	ers are true to the be	est of my information, know	owledge a	nd belief.			
The foregoing statements and answers are true to the best of my information, knowledge and belief.								
Dated this day of, 20								
Signature of a	Signature of Applicant Name of Corporation or Association Applicant							
BY:								
Name of Partnership Applicant								
BY:								
Signature of	Partner							
Signature of	Partner							
Oignature of	Tartro							
Signature of	Partner							
Signature of Partner								
STATE OF	)							
	)ss.	Sworn to before n	ne this da	y of		, 20 _	·	
	,							
County of	)							
County of	)							
County of		Notary Public						
County of	(Seal)		Expires					

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THE FOLLOWING ITEMS ARE ATTACHED TO BE MADE PART OF THIS APPLICATION: (MARK N/A IF NOT APPLICABLE)						
Copy of the Premium Finance Agreement and rate chart to be used, and copies of all other similar business forms to be used.						
Certified Copy of Charter or Articles of Incorporation and bylaws, if applicable.						
Certificate from Secretary of State of North Dakota showing compliance with the corporation laws of this state, if applicable.						
Latest Financial Statement executed on oath by president or other principal officer and prepared by a Certified Public Accountant.						
\$100 annual license fee. Check made payable to North Dakota Commissioner of Insurance.						
Federal ID # and resident Power-of-Attorney Form.						
Premium Finance Company Balance Sheet (SFN 16836).						
The name and address of the person who is to have charge of the business under the license.						
Name						
Address	City	State	Zip Code			