

DIRECTORS:					
NAME	ADDRESS	CITY	STATE	ZIP CODE	TITLE AND/OR OCCUPATION

STOCKHOLDERS

List all persons owning or controlling (directly or indirectly) 10% or more of the issued and outstanding stock.					TITLE AND/OR OCCUPATION	%OF STOCK OWNED
NAME	ADDRESS	CITY	STATE	ZIP CODE		
Type of Outstanding Stock				Total # of Shares of Outstanding Stock		

The foregoing statements and answers are true to the best of my information, knowledge and belief.

Dated this _____ day of _____, 20 ____.

Signature of Applicant

Name of Corporation or Association Applicant

Name of Partnership Applicant

BY: _____

BY: _____
Signature of Partner

Signature of Partner

Signature of Partner

Signature of Partner

STATE OF _____)
)ss.
County of _____)

Sworn to before me this _____ day of _____, 20 ____.

(Seal)

Notary Public

My Commission Expires _____

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