



# Premium Finance Annual Report

Completed as a fill-in document, hand-written no longer accepted. Legible photocopies with original signatures are acceptable. Fully complete all forms; insert "N/A" or "NOT Applicable" where appropriate. When space is insufficient, use a separate page. Information on inserted pages must reference appropriate section. The applicant provides, under oath, the application, supplemental pages, and other related information.

This report should be filed with the Division of Banking and Securities no later than **March 15**.

Email report to: [financialinstitutions@alaska.gov](mailto:financialinstitutions@alaska.gov)

| <b>For the period ending December 31, 20</b>                                                                                                                                                               |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>General Information</b>                                                                                                                                                                                 |                  |
| Company: _____                                                                                                                                                                                             | License #: _____ |
| Street Address: _____                                                                                                                                                                                      |                  |
| City: _____                                                                                                                                                                                                | State: _____     |
| Postal Code: _____                                                                                                                                                                                         |                  |
| Business Phone #: _____                                                                                                                                                                                    | Fax #: _____     |
| Toll Free #: _____                                                                                                                                                                                         | Website: _____   |
| Primary Contact: _____                                                                                                                                                                                     | Email: _____     |
| Provide the information requested below for the individual or company being identified as a executive officer.<br>Please attach additional pages, if space below is inadequate.                            |                  |
| Name: _____                                                                                                                                                                                                | Title: _____     |
| Name: _____                                                                                                                                                                                                | Title: _____     |
| Name: _____                                                                                                                                                                                                | Title: _____     |
| Name: _____                                                                                                                                                                                                | Title: _____     |
| Name: _____                                                                                                                                                                                                | Title: _____     |
| Name: _____                                                                                                                                                                                                | Title: _____     |
| <b>If change of ownership for any reason has occurred within the past 12 months, attach detailed statement with full particulars.</b>                                                                      |                  |
| Please attach financial report, if audited by an outside firm.                                                                                                                                             |                  |
| Please complete the Balance Sheet & Comparative Statement below, if no audited report provided.                                                                                                            |                  |
| <b>Agent Information</b>                                                                                                                                                                                   |                  |
| List all insurance agents for whom you are providing a market source for the financing of Alaska premium finance contracts. This information must be provided, but can be provided by separate attachment. |                  |
| _____                                                                                                                                                                                                      | _____            |
| _____                                                                                                                                                                                                      | _____            |
| _____                                                                                                                                                                                                      | _____            |
| _____                                                                                                                                                                                                      | _____            |
| _____                                                                                                                                                                                                      | _____            |
| _____                                                                                                                                                                                                      | _____            |
| _____                                                                                                                                                                                                      | _____            |
| _____                                                                                                                                                                                                      | _____            |
| _____                                                                                                                                                                                                      | _____            |

**Premium Finance Annual Report**

**Branch Information**

Licensed Branch: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Branch Manager: \_\_\_\_\_ Email: \_\_\_\_\_

For the period ending December 31, 20

| Alaska Based Account Information                | End of Present Period | End of Previous Period |
|-------------------------------------------------|-----------------------|------------------------|
| # of AK Accounts Originated (Personal)          |                       |                        |
| \$ balance of AK Accounts Originated (Personal) |                       |                        |
| # of AK Accounts Originated (Commercial)        |                       |                        |
| Total # of AK Accounts Originated               |                       |                        |
| Total \$ balance of AK Accounts Originated      |                       |                        |

Licensed Branch: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Branch Manager: \_\_\_\_\_ Email: \_\_\_\_\_

For the period ending December 31, 20

| Alaska Based Account Information                | End of Present Period | End of Previous Period |
|-------------------------------------------------|-----------------------|------------------------|
| # of AK Accounts Originated (Personal)          |                       |                        |
| \$ balance of AK Accounts Originated (Personal) |                       |                        |
| # of AK Accounts Originated (Commercial)        |                       |                        |
| Total # of AK Accounts Originated               |                       |                        |
| Total \$ balance of AK Accounts Originated      |                       |                        |

Licensed Branch: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Branch Manager: \_\_\_\_\_ Email: \_\_\_\_\_

For the period ending December 31, 20

| Alaska Based Account Information                | End of Present Period | End of Previous Period |
|-------------------------------------------------|-----------------------|------------------------|
| # of AK Accounts Originated (Personal)          |                       |                        |
| \$ balance of AK Accounts Originated (Personal) |                       |                        |
| # of AK Accounts Originated (Commercial)        |                       |                        |
| Total # of AK Accounts Originated               |                       |                        |
| Total \$ balance of AK Accounts Originated      |                       |                        |

Please attach additional pages, if space above is inadequate.

Premium Finance Annual Report

Attestation

Execution:

I, \_\_\_\_\_ (Full Name), \_\_\_\_\_ (Title/Position), am employed by or am an officer or a control person of \_\_\_\_\_ (Licensee). Licensee agrees to and represents the following:

1. That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this annual report, are current, true, and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
2. To the extent any information previously submitted is not amended, such information remains accurate and complete;
3. To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
4. To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the license is issued.

If the Licensee has knowingly made a false statement of a material fact in this annual report or in any documentation provided to support it, the annual report may be deemed invalid.

On this \_\_\_\_\_ (MM/DD/YYYY), I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Licensee. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Attestant

\_\_\_\_\_  
Printed Name of Attestant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Signature of Notary Public

County of: \_\_\_\_\_

State of: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Premium Finance Annual Report

Balance Sheet (Formerly Schedule D)

Please complete the Balance Sheet, if no audited report provided with Annual Report.

For the period ending December 31, 20

| Assets                                                                                         | End of Present Period | End of Previous Period |
|------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| Cash on hand and in bank:                                                                      |                       |                        |
| Loans receivable:                                                                              |                       |                        |
| Real estate:                                                                                   |                       |                        |
| Leasehold improvements, furniture, fixtures,<br>and equipment (less reserve for depreciation): |                       |                        |
| Deferred charges:                                                                              |                       |                        |
| Other assets:                                                                                  |                       |                        |
|                                                                                                |                       |                        |
|                                                                                                |                       |                        |
|                                                                                                |                       |                        |
| Total assets:                                                                                  |                       |                        |
| Liabilities                                                                                    | End of Present Period | End of Previous Period |
| Accounts payable:                                                                              |                       |                        |
| Notes payable (current portion):                                                               |                       |                        |
| Accruals:                                                                                      |                       |                        |
| Other liabilities:                                                                             |                       |                        |
|                                                                                                |                       |                        |
|                                                                                                |                       |                        |
|                                                                                                |                       |                        |
| Total current liabilities:                                                                     |                       |                        |
| Notes payable (long-term):                                                                     |                       |                        |
| Other long-term liabilities:                                                                   |                       |                        |
|                                                                                                |                       |                        |
|                                                                                                |                       |                        |
| Total long-term liabilities:                                                                   |                       |                        |
| Net Worth                                                                                      | End of Present Period | End of Previous Period |
| Capital or partnership equity:                                                                 |                       |                        |
| Surplus:                                                                                       |                       |                        |
| Undivided earnings:                                                                            |                       |                        |
| Total net worth:                                                                               |                       |                        |
| Total liabilities & net worth:                                                                 |                       |                        |

Please complete the Balance Sheet, if no audited report provided with Annual Report.

Premium Finance Annual Report

Comparative Statement of Income & Expenses (Formerly Schedule E)

Please complete the Comparative Statement of Income & Expenses, if no audited report provided with Annual Report.

For the period ending December 31, 20

| Income                      | End of Present Period | End of Previous Period |
|-----------------------------|-----------------------|------------------------|
| Contract Income:            |                       |                        |
| Other Income:               |                       |                        |
| Total Income:               |                       |                        |
| Expenses                    | End of Present Period | End of Previous Period |
| Salaries:                   |                       |                        |
| Occupancy:                  |                       |                        |
| Office Expenses & Supplies: |                       |                        |
| Bad Debt:                   |                       |                        |
| Depreciation:               |                       |                        |
| Legal:                      |                       |                        |
| Interest of Borrowed Funds: |                       |                        |
| Total Expenses:             |                       |                        |
|                             | End of Present Period | End of Previous Period |
| Net Operating Income:       |                       |                        |
| Income Taxes:               |                       |                        |
| Net Income:                 |                       |                        |

Please complete the Comparative Statement of Income & Expenses, if no audited report provided with Annual Report.