Office of Insurance Regulation
Specialty Product Administration

FLORIDA COMPANY CODE: ____________________

FEDERAL EMPLOYER IDENTIFICATION NUMBER: ____________________

ANNUAL REPORT OF THE

____
(Premium Finance Company)

TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR CALENDAR YEAR ENDED

____

DUE ON OR BEFORE
MARCH 1 EACH YEAR

GENERAL INFORMATION AND INSTRUCTIONS

1. This report is very important and is a tool the Office of Insurance Regulation (the Office) uses to gauge the financial viability of your company. The financial information submitted is compiled into a financial spreadsheet which shows data accumulated from these reports. Financial viability ratios are computed from this information.

2. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.

3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.

4. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.

5. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade prior to downloading any forms, visit http://www.adobe.com.

6. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

   This session will expire on: Eastern Time

7. To assist you in completing this form click both “Highlight Fields” and “Highlight Required Fields” in the upper right hand corner of the report page. This will highlight the fields where you may enter data.

8. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.

9. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.) Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter “0” on all lines asking for a numeric response and "None” or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A” if the information requested is not applicable to your company.

10. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate “Other” line and include a supplemental schedule describing the items listed in the “Other” category. Any item which is of an extraordinary nature should also be entered on an appropriate “Other” line.

11. To save or submit the data, buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.

12. When you either save or submit the form, all data is checked for completeness and you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the data is successfully submitted, you will no longer be able to enter data because this form will become read-only. **To update this information after you have already submitted the data, you will have to make an amendment to this form which is done through REFS.**

13 If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be uploaded and attached to the filing as a Miscellaneous Document through REFS.

14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under that designated component in REFS. If you do not have a designated component such as Signed Jurat Page at the REFS Filing Component List screen, please upload a signed PDF under the Miscellaneous Documents component.

Company Name: Year Ending:

STATEMENT

Please see # 14 of the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: ______________________________

Company FEIN: ____________ Florida Company Code: ________ Period Ending Date: ____________

State and Date of Incorporation/Organization: (State/Prov): ________ (Date): ____________

Date Licensed by the Office of Insurance Regulation: (Date): ____________

Date Commenced Business: (Date): ____________

Address of Home Office:

Street: ______________________________

City: ____________ State/Prov: ____________ Zip/Postal Code: ____________

Phone: ____________ Ext: ____________ Fax: ____________

Address of Main Administrative Office:

Street: ______________________________

City: ____________ State/Prov: ____________ Zip/Postal Code: ____________

Phone: ____________ Ext: ____________ Fax: ____________

Mailing Address:

Street: ______________________________

City: ____________ State/Prov: ____________ Zip/Postal Code: ____________

Phone: ____________ Ext: ____________ Fax: ____________

Records Location (if different than Main Office):

Street: ______________________________

City: ____________ State/Prov: ____________ Zip/Postal Code: ____________

Address of Principle Florida Office:

Street: ______________________________

City: ____________ State/Prov: ____________ Zip/Postal Code: ____________

Phone: ____________ Ext: ____________ Fax: ____________

Website: ______________________________

Type of entity (check one)

- ☐ Corporation – For profit
- ☐ Corporation – Not for profit
- ☐ Partnership
- ☐ Sole proprietorship
- ☐ Limited liability company
- ☐ Other:

Contact Name: ______________________________

Contact Title: ______________________________

Phone: ____________ Ext: ____________ Fax: ____________

Email Address: ______________________________

OFFICERS / DIRECTORS / MEMBERS

Show full name (initials not acceptable)

Chief Executive Officer ______________________________

President ______________________________

Vice President ______________________________

Secretary ______________________________

Treasurer / Chief Financial Officer ______________________________

Chairman of the Board ______________________________

Directors / Members

STATE OF: ____________

COUNTY OF: ____________

______________________, President, ______________________, Secretary,

and ______________________, Chief Financial Officer (or corresponding person having charge of the Financial records of the licensee, of the ______________________ being duly sworn each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this report, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and deductions for the period reported.

Subscribed and Sworn to before me this

________ day of ____________, 20 ________

Notary Public: ______________________

Commissioner Number: ______________________

Expiration Date: ______________________

______________________ President/Owner

______________________ Secretary

______________________ Treasurer/CFO

Company Name: Year Ending:

BALANCE SHEET
ASSETS

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
CURRENT ASSETS:			
1. Cash on Hand and on Deposit (Schedule B, Page 8)			
2. Contracts Receivable, Gross (Schedule A, Page 7)			
Less the Greater of: a. Contract in Default + 120 Days (Schedule A-1, Page 7) or	( )		( )
b. Reserve for Losses on Contracts	( )		( )
3. Accounts and Notes Receivable: (Schedule C, Page 9)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	( )	( )	( )
4. Prepaid Expenses			
5. Other (Identify)			
6. Total Current Assets			
NON-CURRENT ASSETS:			
7. Investments and Securities (Schedule D, Page 9)			
8. Accounts and Notes Receivable: (Schedule C, Page 9)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	( )	( )	( )
9. Deferred Expenses			
10. Intangible Assets			
11. Other (Identify)			
12. Total Non-Current Assets			
FIXED ASSETS:			
13. Real Estate Owned (Schedule E, Page 10)			
14. Computers [Section 625.012(11), F.S.]			
15. Less: Accumulated Depreciation	( )	( )	( )
16. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment			
b. Automobiles			
c. Leasehold Improvements			
d. Other (Identify)			
e. Less Accumulated Depreciation	( )	( )	
17. Total Fixed Assets			
18. TOTAL ASSETS:			

Company Name: Year Ending:

BALANCE SHEET
LIABILITIES AND NET WORTH

CURRENT LIABILITIES:		
1. Premium Finance Contracts Payable		
2. Outstanding Drafts Payable		
3. Notes Payable (Schedule F, Page 10):		
a. To Affiliates, Officers, Directors, Owners		
b. To Financial Institutions		
c. To Others (Identify)		
Total Current Notes Payable		
4. Taxes Payable:		
a. Federal and State Taxes		
b. Other Taxes (Identify)		
Total Taxes Payable		
5. Refunds to Insured/Agencies (Schedule G, Page 11)		
6. Accrued Interest		
7. Unearned Premium Finance Charge		
8. Other (Identify)		
9. Total Current Liabilities		
LONG TERM LIABILITIES:		
10. Notes Payable (Schedule F, Page 10):		
a. To Affiliates, Officers, Directors, Owners		
b. To Financial Institutions		
c. To Others (Identify)		
Total Long-Term Notes Payable		
11. Other (Identify)		
12. Total Long Term Liabilities		
13. Total Liabilities		
NET WORTH:		
14. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
15. Paid-In Capital		
16. Subordinated Debentures / Notes		
17. Other (Identify)		
18. Retained Earnings		
19. Less: Treasury Stock		
20. Total Net Worth		
21. TOTAL LIABILITIES AND NET WORTH (Lines 20 + 13) This Total should agree with Line 18, Column 1, Page **4.**		
22. Net Worth (Per Line 20 above)		
23. Less: Non-Admitted Assets (From Line 18, Column 2, Page 4)		
24. STATUTORY NET WORTH		
25. Plus Total Liabilities (Per Line 13 above)		
26. Total Lines 24 Plus 25 (Should equal Line 18, Column 3, Page 4)		

Click Alt+s to jump to the Save/Submit page

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

INCOME	
1. Premium Finance Charges Earned (Net)	
2. Late Fees Earned	
3. Interest Earned on Notes and Loans Receivable	
4. Other Income (Identify)	
5. Total Income	
EXPENSES	
6. Salaries	
7. Interest Expense	
8. Bad Debt Expense	
9. General Expenses (Schedule H, Page 12)	
10. Total Expenses before Extraordinary Item and Federal and State Income Taxes	
11. Extraordinary Item (Explain)	
12. Federal and State Income Taxes	
13. Total Expenses	
NET INCOME AND RETAINED EARNINGS	
14. Net Income (Line 5 less Line 13 above)	
15. Retained Earnings, December 31, Previous Year	
16. Less: Distributions/Dividends Paid Out	( )
17. Other (Identify)	
18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR (Enter on Line 18, Page 5)	

Company Name: Year Ending:

SCHEDULE A
Contracts Receivable
(Report contracts receivable Nationwide and Florida Only)

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Total at 12/31, Previous Year				
B. Contracts Accepted, Current Year				
C. Total (A + B)				
D. Contracts paid off during Current Year				
E. Payments made during the year on Contracts still open at 12/31 of Current Year				
F. Total at 12/31, Current Year (# of Accounts = C - D; Amount = C - D - E)		*		

* Note: This amount must equal Line 2, Page 4.

SCHEDULE A-1
Contracts Receivable Aging

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Current (0 to 30 days)				
B. 31 to 60 days				
C. 61 to 90 days				
D. 91 to 120 days				
E. 121 days plus		*		
F. Total (Must equal Line F, Schedule A above)				

* Note: All Contracts Receivable over 120 days old must be reported on Line 2a, Page 4.

SCHEDULE A-2
Contracts Receivable sold for which SERVICING is still a requirement of the Licensee

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Total at 12/31, Previous Year				
B. Contracts Sold, Current Year				
C. Total (A + B)				
D. Contracts no longer being SERVICED				
F. Contracts currently being SERVICED (C - D)		*		

Company Name: Year Ending:

SCHEDULE B
Cash on Hand & On Deposit
(See Note Below)

☐ Check if Not Applicable

Name and Location of Funds	Balance
Other (amounts not listed in detail)	
Total (Must Equal Line 1, Page 4)**:**	

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or $5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name: Year Ending:

SCHEDULE C
Accounts / Notes Receivable
(See Note Below)

☐ Check if Not Applicable

Description / Name	Security	Balance
Other (amounts not listed in detail)		
Total (Must Equal Sum of Lines 3(a-c) + Lines 8(a-c), Page 4)**:**		

SCHEDULE D
Securities Owned, Investments
(See Note Below)

☐ Check if Not Applicable

Description	Face Value or Number of Shares	Market Value	Cost (Book)
Other (amounts not listed in detail)			
Total (Must Equal Line 7, Page 4)**:**			

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or $5000. Combine all amounts not listed in detail on the line marked "Other".

Click Alt+s to jump to the Save/Submit page

Company Name: Year Ending:

SCHEDULE E
Real Estate Owned / Mortgages Payable
(See Note Below)

☐ Check if Not Applicable

Location and Description	Market Value	Cost (Book)	Mortgage Balance
Other (amounts not listed in detail)			
Total (Must Equal Line 13, Page 4 and Line 11, Page 5)**:**		*	*

SCHEDULE F
Notes Payable
(See Note Below)

☐ Check if Not Applicable

Name of Creditor	Collateral	Balance
Other (amounts not listed in detail)		
Total (Must Equal Sum of Lines 3(a-c) + Lines 10(a-c), Page 5)**:**		

NOTE: List individual amounts if they exceed the lesser of 10% of the line item amount or $5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name: Year Ending:

SCHEDULE G
Refunds to Insured/Agencies
(Aging Schedule - See Line 5, Page 5)

	Amount Due By Age, From Date Refund Received From Insurer		
	# of Contracts	Amount	Comments:
A. 0 - 15 Days			
B. 16 - 60 Days			
C. 61 - 90 Days			
D. 91 Days or Greater			
E. Total (Must Equal Line 5, Page 5)			

SCHEDULE H
General Expenses

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
Total General Expenses (Must Equal Line 9, Page 6)**:**	

Click Alt+s to jump to the Save/Submit page

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at http://www.floir.com/pdf/OfficeDirector.pdf.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								☐
								☐
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LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							☐
							☐
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							☐
							☐
							☐

Office of Insurance Regulation
Specialty Product Administration

PREMIUM FINANCE COMPANY

Company Name: ______________________________

Address: ______________________________

City: ____________________ State: ______ Zip Code: __________

Florida Company Code: ____________________

Federal Employer Identification Number: ____________________

Annual Report Filing Fee

(As provided under Section 627.849, Florida Statutes)

AMOUNT	TYPE	CLASS	FEE	TR ACCT
$25	12	12	F	3001

STAPLE CHECK HERE

Made payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
REVENUE PROCESSING SECTION
Post Office Box 6100
Tallahassee, FL 32314-6100

Print this page

SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on: Eastern Time

Save

Submit Final