



Florida Office of Insurance Regulation

PERSONAL FINANCIAL STATEMENT

NAME(S) _____ ADDRESS _____

This statement is made of my (our) financial condition as of _____, 20__ in support of the application of _____ for license to operate as a premium finance company. The undersigned warrants and represents that this is a complete and true statement of the financial condition of the undersigned as of this date.
PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY

ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS
Cash in Banks (See Schedule A)	\$	Notes Payable to Banks - Secured (See Schedule H)	\$
Listed Securities (See Schedule B)	\$	Notes Payable to Banks - Unsecured (See Schedule H)	\$
Unlisted Securities (See Schedule C)	\$	Amounts Payable to Others - Secured/Unsecured (See Schedule H)	\$
Securities Held By Broker in Margin Accounts	\$	Due to Brokers (See Schedule H)	\$
Partial Interest in Real Estate Equities (See Schedule D)	\$	Accounts and Bills Due	\$
Real Estate Owned (See Schedule E)	\$	Real Estate Mortgages Payable (See Schedules D & E)	\$
Accounts, Loans, Notes, Mortgages (See Schedule F)	\$	Unpaid Income Tax	\$
Vehicles	\$	Other Unpaid Taxes and Interest	\$
Cash Value - Life Insurance (See Schedule G)	\$	Loans on Life Insurance Policies (See Schedule G)	\$
Other Assets - Itemize:		Other Debts - Itemize:	\$
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Are all bad and doubtful assets excluded from this statement _____ If no, explain: _____
Income taxes settled through what date? _____ Additional assessments: \$ _____

ANNUAL SOURCES OF INCOME		PERSONAL AND GENERAL INFORMATION
Salary - Individual	\$	Have you ever been bankrupt or involved in any other insolvency proceedings? (If yes, give details)
Salary - Spouse	\$	
Bonus & Commissions	\$	Are you a stockholder, partner, or officer in any other venture? (If yes, give details)
Dividends	\$	
Other Income - Itemize:	\$	Are you obligated to pay alimony, child support, or maintenance payments? (If yes, how much?)
	\$	Are any assets pledged? (If yes, give details)
Total	\$	
Do you have any contingent liabilities? (If yes, give details)		Are you defendant in any suits or legal actions? (If yes, give details)

(COMPLETE SCHEDULES AND SIGN ON THE LAST PAGE)

SUPPLEMENTARY SCHEDULES

SCHEDULE A - BANKING DEPOSIT RELATIONS (A list of all my bank accounts including Savings and Loan.)							
Name and Location of Bank or Branch			Account Number	Balance			
SCHEDULE B - LISTED SECURITIES (U.S. GOVERNMENTS AND MARKETABLE)							
No. of Shares or Face Value (Bonds)	Description	In Name of	Market Value	To Whom Pledged			
SCHEDULE C - UNLISTED SECURITIES							
No. of Shares Owned	% Owned	Description	Cost	Market Value	To Whom Pledged		
SCHEDULE D - PARTIAL INTERESTS IN REAL ESTATE EQUITIES							
% Owned	Year of Purchase	Type	Location of Property	Cost	Mortgage	Market Value	Value of Equity at Lower of Cost or Market
SCHEDULE E - REAL ESTATE OWNED							
Description of Property	In Name of	Date Acquired	Cost	Market Value	Mortgage	Monthly Payment	To Whom

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)

SCHEDULE F - ACCOUNTS, LOANS NOTES AND MORTGAGES RECEIVABLE					
Name and Address of Debtor	Amount	Age of Debt	Nature of Debt	Description of Security Held	Payment Expected

SCHEDULE G - LIFE INSURANCE CARRIED, INCLUDING W. S. L. I. AND GROUP INSURANCE				
Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans or Pledged To

SCHEDULE H - NOTES PAYABLE TO BANKS/UNSECURED OR SECURED NOTES AND/OR ACCOUNTS PAYABLE TO OTHERS					
Amount	Payable To	Security Pledged (If Any)	Title of Account	Terms of Payment	Date of Origination

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)

The undersigned make(s) this statement with intent that it shall be relied upon by the Office of Insurance Regulation in consideration of the application of _____ for license to operate a premium finance company whether direct or indirect. The undersigned warrant(s) and represents that this statement is a complete and true statement of the financial condition of the undersigned as of this date.

Signed this ___ day of _____, 20__ at _____, Florida.

Signature

Signature

Print Name

Print Name

OIR-C1-454
Effective: 01/25
Rule: 690-136.100, F.A.C.