

ANNUAL REPORT OF INSURANCE PREMIUM FINANCE COMPANIES

**DELAWARE DEPARTMENT OF INSURANCE
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**ANNUAL REPORT OF INSURANCE PREMIUM FINANCE COMPANIES
FOR THE YEAR ENDED DECEMBER 31, _____**

**DUE ON OR BEFORE
MARCH 1ST**

NOTE: Where insufficient space is provided to set forth the facts adequately, annex a schedule giving the details.

READ THE INSTRUCTIONS CAREFULLY BEFORE MAKING UP REPORT

SCHEDULE A

GENERAL

(1) **Name of Licensee:** _____ **License #** _____

(2) _____
(Address) (Suite/Floor)

(City) (State) (Zip Code)

(3) **State whether corporation, partnership, association, or individual:**

(4) **Date license began in Delaware:** _____

(5) **Business other than insurance premium finance business conducted in the same offices:**

(6) **Name of principal officers at close of year covered by this report:**

(a) **President:** _____

(b) **Secretary:** _____

(c) **Treasurer:** _____

(d) **Owner:** _____

(e) **Partners:** _____

SCHEDULE B
BALANCE SHEETS – AS PER BOOKS

As at December 31, _____ and December 31, _____

ASSETS	END OF PRESENT YEAR	END OF PREVIOUS YEAR
(7) Loans Receivable	_____	_____
(8) Cash in Office & in Banks	_____	_____
(9) Accounts Receivables:		
(a) Parent and/or Affiliated		
Company	_____	_____
(b) Other	_____	_____
(10) Notes Receivable – Other	_____	_____
(11) Deferred Charges & Prepaid		
Expenses	_____	_____
(12) Fixed Assets (Less Reserve		
for Depreciation and		
Amortization)	_____	_____
(13) Other Assets:		
(a) Organization &		
Development Expenses	_____	_____
(b) Cost of Financing	_____	_____
(c) All Other Assets	_____	_____
(14) Total Assets	_____	_____

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LIABILITIES & CAPTIAL		END OF PRESENT YEAR	END OF PREVOUS YEAR
(15)	Accounts & Notes Payable		
	(a) Banks	_____	_____
	(b) Due to Parent Company and/or Affiliated Companies	_____	_____
	(c) Other	_____	_____
(16)	Bonds:	_____	_____
(17)	Other Liabilities:		
	(a) Accrued Expenses:	_____	_____
	(b) All other Liabilities:	_____	_____
(18)	Expense Reserves:		
	(a) Reserve for Bad Debts – Receivable	_____	_____
	(b) Other Reserves	_____	_____
(19)	Deferred Income:		
	(a) Unearned Interest and Fees Receivable	_____	_____
	(b) All Other Deferred Income	_____	_____
(20)	Branch Office Capital	_____	_____
(21)	Net Worth (If Proprietorship or Partnership)	_____	_____
(22)	Capital Stock (If Corporation)	_____	_____
(23)	Paid In Surplus	_____	_____
(24)	Earned Surplus	_____	_____
(25)	Total Liabilities and Capital	_____	_____

SCHEDULE C
STATEMENT OF INCOME AND EXPENSES

FOR PERIOD FROM JANUARY 1, _____ to December 31, _____

	GROSS INCOME DERIVED FROM INSURANCE PREMIUM FINANCE BUSINESS	END OF PRESENT YEAR	END OF PREVIOUS YEAR
(26)	Earned Interest Less Refunds		
(27)	Earned Fees Less Refunds		
(28)	Collection of Loans Previously Charged Off		
(29)	All Other Income from Insurance Premium Finance Business (Attach Schedule)		
(30)	Total Gross Income Derived from Insurance Premium Finance Business (Items 26 to 29)		
	EXPENSES OF CONDUCTING INSURANCE PREMIUM FINANCE BUSINESS	END OF PRESENT YEAR	END OF PREVIOUS YEAR
(31)	Advertising		
(32)	Automobile Expense		
(33)	Bad Debt or Reserve for Bad Debts		
(34)	Credit & Collection Expense		
(35)	Depreciation & Amortization of Fixed Assets		

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(36)	Donations, Dues & Subscriptions		
(37)	Expense, Sundry		
(38)	Heat, Light and Water		
(39)	Insurance		
(40)	Postage and Express		
(41)	Legal and Auditing Expense		
(42)	Printing, Stationary & Supplies		
(43)	Recording fees – Net		
(44)	Rent		
(45)	Salaries		
(46)	Supervision & Administration (When not Allocation to Other Items)		
(47)	Taxes:		
	(a) License Taxes		
(48)	Telephone & Telegraph		
(49)	Travel		
(50)	Other Expenses of Conducting Insurance Premium Finance Business (Explain:		
	(a)	_____	
	(b)	_____	
	(c)	_____	

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(51)	Total Expenses of Conducting Insurance Premium Finance Business (Items 31 to 50)		
(52)	Total Net Earnings Derived from Insurance premium Finance for the Period (Before Deducting Interest on Borrowed Funds and Federal & State Taxes on Income (Item 30 less Item 51))		

SCHEDULE D

RECONCILIATION OF SURPLUS OR NET EARNINGS

FOR PERIOD FROM _____, _____ to _____, _____

SURPLUS, ADDITIONS & DEDUCTIONS		END OF PRESENT YEAR	END OF PREVIOUS YEAR
(53)	Surplus Balance at End of Previous Period, Per Books (Item 24)	_____	_____
Additions:			
(54)	Total Net Earnings Derived from Insurance Premium Finance Business for this Period (Item 52)	_____	_____
(55)	Other Credits to Surplus for the Period (Attach Explanation)	_____	_____
(56)	Total Additions for the Period (Items 54 to 55)	_____	_____
Deductions:			
(57)	Federal & State Taxes on Income	_____	_____
(58)	Interest Paid	_____	_____
(59)	Amortization of Financing Cost	_____	_____
(60)	Dividends Paid During the Period	_____	_____
(61)	Other Charges to Surplus for the Period:		
	(a) Transfer of Earnings to Net Worth or Home Office Control	_____	_____
	(b) All Other Charges	_____	_____
(62)	Total Deductions for the Period (Item 57 to 61)	_____	_____

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(63)

**Net Additions to Previous
Periods Surplus Balance
(Items 56 minus 62)**

(64)

**Surplus Balance at End of
Present Period-As Per
Books (Item 53 + 63) (This
amount should be the
same as Item 24)**

AFFIDAVIT

County _____

State _____

I, _____, the undersigned being the

(Title, If a Corporation)

(Name of Insurance Premium Finance Company)

swears (or affirms), that to the best of knowledge and belief the statements contained in this report, including accompanying schedules and statements (if any), are true and that the same is true and completed statement.

By: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____,
_____.

(Notary Public)