

2016 OHIO INSURANCE PREMIUM FINANCE COMPANY RENEWAL APPLICATION

Ohio Insurance Premium Finance Company Act License Number PF. _____

Insurance Premium Finance Company Licensee Name: _____

Contact Person for this Renewal: _____

Telephone Number for Contact Person: _____

Email address for Contact Person: _____

Renewal Fee is \$375 per location. \$375 x number of locations is _____

(Make checks payable to the Ohio Division of Financial Institutions, Consumer Finance Fund)

The Renewal Application and Attachments consists of the following:

- This Renewal Application;
- A list of the locations being renewed;
- A Company Resolution (sole proprietors do not need to submit a Company Resolution); and
- A financial statement dated within ninety days of submission of the application.

Read each question carefully and respond by indicating "Yes" or "No". As applicable, please provide a written explanation detailing the relevant facts and circumstances. If the space provided is insufficient to provide a complete response, please submit your signed explanation on an additional sheet via the United States Postal Service, email to Webdfi-cf@com.state.oh.us or fax to 614-728.0380.

1. Has the Insurance Premium Finance Company Licensee, any owner or any officer **EVER** been convicted of or pled guilty or nolo contendere to, or been convicted in any federal, state or military court, of a misdemeanor or felony criminal offense? Yes No If "Yes", please explain: _____

2. Are there any **PENDING** charges against the Insurance Premium Finance Company Licensee, any owner or any officer in any federal, state or military court regarding a misdemeanor or felony criminal offense? Yes No If "Yes", please explain: _____

3. Has the Insurance Premium Finance Company Licensee, any owner or any officer **EVER** been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance, malfeasance, or breach of fiduciary duty? Yes No If "Yes", please explain: _____

4. Do the Insurance Premium Finance Company Licensee, any owner or any officer have any unpaid civil judgments or liens against them? Yes No If "Yes", please explain: _____

5. Has the Insurance Premium Finance Company Licensee, any owner or any officer **EVER** been subject to any federal, state or military criminal or administrative investigation or order? Please include pending or ongoing investigations. Yes No If "Yes", please explain: _____

6. Has the Insurance Premium Finance Company Licensee, any owner or any officer **EVER** been named in any civil action that involved insurance, securities, or consumer/real estate lending/brokering? Include pending actions. Yes No If "Yes", please explain: _____

7. Has there been any change in ownership, control, or interest in the Insurance Premium Finance Company Licensee since July 1, 2016? Yes No If "Yes", please explain: _____

8. Has the Insurance Premium Finance Company Licensee changed its name from the one currently registered with the Division or started conducting business under a fictitious or trade name not registered with the Division? Yes No If "Yes", please explain: _____

Under penalties of perjury, the undersigned hereby acknowledges and attests that this Insurance Premium Finance Company License Renewal application, including any attachments submitted in paper or otherwise, constitutes a complete, truthful, and correct statement of information requested herein. I understand any false or fraudulent representation or substantial misrepresentation may be grounds for revocation of any registration granted by the Division of Financial Institutions and could result in other legal action initiated against me, including but not limited to criminal prosecution.

Signature

Date

Printed Name

Title

COMPANY RESOLUTION

(To be adopted by all companies for the purpose of demonstrating that the person signing documents and forms filed with, or submitted to, the Division of Financial Institutions, Consumer Finance Section, has the company's authority to sign on behalf of the company. NOTE: it is not necessary for sole proprietors to submit a company resolution.)

(Name of Company)

AT A MEETING OF ITS MEMBERS, PARTNERS, MANAGERS, TRUSTEES OR BOARD OF

DIRECTORS _____ HELD AT _____

ON THE _____ DAY OF _____, 20____ PURSUANT TO LAWFUL NOTICE OR

WAIVER THEREOF, AND AT WHICH MEETING A QUORUM FOR THE TRANSACTION OF

BUSINESS WAS PRESENT, THE FOLLOWING WAS DULY ADOPTED:

“**BE IT RESOLVED**, that _____
(Name of Individual and Company Title)

or _____
(Name of Individual and Company Title)

of _____
(Name of Company)

Be authorized and directed by the Company's members, partners, managers, trustees or board of directors, to execute and submit filings and forms for, and all acts amendatory thereof and supplemental thereto, the Company, to the Division of Financial Institutions.”

CERTIFICATION

The undersigned hereby certifies that he/she is the _____ Secretary of _____, a company organized and existing under the laws of the State of _____; that the foregoing is a true and correct copy of a resolution duly adopted at a meeting of the members, partners, managers, trustees or board of directors of the company held on _____ day of _____, 20 __, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal; and, that said resolution is in full force and effect.

By _____
(Company Secretary – Signature)

Printed Name

Date _____

INSURANCE PREMIUM FINANCE COMPANY ACT FINANCIAL STATEMENT

- This financial statement must reflect the financial condition of the Insurance Premium Finance Company Licensee as of a date within ninety days of submission of the 2016 License Renewal Application.
- Net worth must be calculated according to Generally Accepted Accounting Principles (GAAP). If net worth, calculated according to GAAP, is less than the requisite amount, the Insurance Premium Finance Company Licensee cannot renew.
- As part of the Division's review of this financial statement in conjunction with the Insurance Premium Finance Company renewal application, the Division may request that independent documentation be provided to support the financial statement or request that an audited financial statement be provided.

Name of Insurance Premium Finance Company Licensee: _____

License Number: PF. _____

Financial Statement as of: _____

ASSETS		LIABILITIES & NET WORTH	
Liquid Assets:		Liabilities:	
Cash on Hand.....	\$ _____	Notes Payable to Banks secured....	\$ _____
Cash in Banks.....	_____	Notes Payable to Banks unsecured.	_____
Short Term Investments.....	_____	Notes Payable Other	_____
Listed Securities.....	_____	Accruals.....	_____
Receivables Net.....	_____	Taxes unpaid or accrued.....	_____
Inventory.....	_____	Mortgage payable on Real Estate...	_____
Prepaid Expenses.....	_____	Other Liabilities-Itemize	
Real Estate Owned.....	_____	_____	_____
Equipment.....	_____	_____	_____
Automobiles.....	_____	_____	_____
Other Assets-Itemize		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Total Liabilities.....	_____
_____	_____	Equity/Net Worth.....	_____
Total Assets.....	\$ _____	Total Liabilities & Net Worth.....	\$ _____