

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

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**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**ANNUAL REPORT  
OF THE**

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(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**

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**DUE ON OR BEFORE  
MARCH 1 EACH YEAR**

**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
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. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. 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

6. 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.
7. 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.
8. 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.
9. 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.
10. "Save" or "Submit" 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.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. 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 attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

Company Name: \_\_\_\_\_

Year Ending: \_\_\_\_\_

**STATEMENT**

Please see 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  Sole proprietorship  
 Corporation - Not for profit  Limited liability company  
 Partnership  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.

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, \_\_\_\_\_ President/Owner  
 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Secretary

Notary Public: \_\_\_\_\_ Treasurer/CFO

Commission Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

[Print this page](#)

Company Name:

Year Ending:

**BALANCE SHEET  
ASSETS**

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
<b>CURRENT ASSETS:</b>			
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) _____	_____	_____	_____
<b>6. Total Current Assets</b>	_____	_____	_____
<b>NON-CURRENT ASSETS:</b>			
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) _____	_____	_____	_____
<b>12. Total Non-Current Assets</b>	_____	_____	_____
<b>FIXED ASSETS:</b>			
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	( _____ )	( _____ )	
<b>17. Total Fixed Assets</b>	_____	_____	_____
<b>18. TOTAL ASSETS:</b>	_____	_____	_____

Company Name:

**BALANCE SHEET  
LIABILITIES AND NET WORTH**

Year Ending:

<b>CURRENT LIABILITIES:</b>		
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) _____		
<b>9. Total Current Liabilities</b>		
<b>LONG TERM LIABILITIES:</b>		
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) _____		
<b>12. Total Long Term Liabilities</b>		
<b>13. Total Liabilities</b>		
<b>NET WORTH:</b>		
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		
<b>20. Total Net Worth</b>		
<b>21. TOTAL LIABILITIES AND NET WORTH (Lines 20 + 13)</b> 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)		
<b>24. STATUTORY NET WORTH</b>		
25. Plus Total Liabilities (Per Line 13 above)		
26. Total Lines 24 Plus 25 (Should equal Line 18, Column 3, Page 4)		

Company Name:

Year Ending:

**STATEMENT OF OPERATIONS AND RETAINED EARNINGS**

<b>INCOME</b>	
1. Premium Finance Charges Earned (Net)	_____
2. Late Fees Earned	_____
3. Interest Earned on Notes and Loans Receivable	_____
4. Other Income (Identify) _____	_____
<b>5. Total Income</b>	_____
<b>EXPENSES</b>	
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	_____
<b>13. Total Expenses</b>	_____
<b>NET INCOME AND RETAINED EARNINGS</b>	
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) _____	_____
<b>18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR</b> (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)	
<b>Total (Must Equal Line 1, Page 4):</b>	

**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)		
<b>Total (Must Equal Sum of Lines 3(a-c) + Lines 8(a-c), Page 4):</b>		

**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)			
<b>Total (Must Equal Line 7, Page 4):</b>			

**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 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)			
<b>Total (Must Equal Line 13, Page 4 and Line 11, Page 5):</b>		*	*

**SCHEDULE F**  
**Notes Payable**  
(See Note Below)

Check if Not Applicable

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

**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)			

Company Name:

Year Ending:

**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)	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total General Expenses (Must Equal Line 9, Page 6):</b>	

Company Name:

Year Ending:

**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.flojr.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
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								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

**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
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
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							<input type="checkbox"/>
							<input type="checkbox"/>

Company Name:

Year Ending:

**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

Company Name:

Year Ending:

## 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