

DELAWARE DEPARTMENT OF INSURANCE
841 SILVER LAKE BOULEVARD
DOVER, DE 19904
(302)739-4251

APPLICATION FOR LICENSE AS AN
INSURANCE PREMIUM FINANCE COMPANY

TO THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE:

Application is hereby made for a license to operate an insurance premium finance company.

Telephone Number: () _____ Fax Number: () _____

Federal Tax Identification Number: _____

1. Company Name: _____

2. Address at which application will conduct business under license:

(a) Address of principal place of business within States:

(b) Address at which all books, records, accounts and documents relating to business in this State will be kept:

(c) If applicant is a foreign proprietorship, partnership, or corporation, address of principal place of business:

3. Applicant is: () Individual Proprietor
() Partnership
() Corporation
() Other (specify)

- (c) Par Value: _____
- (d) Give name, residence address, title and number and percent of shares directly or beneficially owned by every officer and director and every person, firm or corporation owning or controlling 10% or more of the shares of each type:

| <u>Name and Residence Address</u> | <u>Title</u> | <u>Number of Shares %</u> |
|-----------------------------------|--------------|---------------------------|
| _____ | | |
| _____ | | |
| _____ | | |

9. Attached current certified annual financial statement, which is as of the following date: _____

10. In addition to an insurance premium finance company, the following additional business will be conducted at the address of the applicant:

11. If applicant or any subsidiary, affiliated or associated insurance premium finance company has more than one place of business, give the name and address of each:

12. If the appropriate answer is "Yes" to any of the following questions concerning the applicant, manager, any officer, director, owner or beneficial owner of 10% or more of the shares, complete details must be given, including name, address, disposition of charges, etc.

Have any of the above:

- (a) Applied previously in this State for a license to engage in the business of insurance premium financing? _____

- (b) Received a rejection, revocation or suspension of license under laws of this State governing insurance premium or other customer financing?

- (c) Received a rejection, revocation or suspension under an insurance premium financing law or regulation, or similar law or regulation in any other State? _____
- (d) Received a revocation or suspension of any license, been convicted or entered a plea of guilty, or nolo contendere with respect to any law or regulation relating to the business of insurance? _____
- (e) Been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other State)? _____
- (f) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, or conservatorship? _____
- (g) Do any of the above now hold a license to engage in the business of insurance premium financing or a similar or related business in any State, District or Territory of the United States? _____

Corporate Title

Signature of Officer

Printed Name

Title

Date: _____