



**ANNUAL STATEMENT FOR INSURANCE PREMIUM SERVICE COMPANY
STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE**

FOR THE PERIOD OF JANUARY 1, 20____ TO DECEMBER 31, 20____
Due By March 1st Annually

COMPANY INFORMATION

Name of Company	License Number		
Business Address	City	State	Zip Code
Mailing Address (if different from address above)	City	State	Zip Code
Name of Contact or Preparer	Contact Number		



ANALYSIS OF PREMIUM FINANCE CONTRACTS AND OPERATIONS

PERSONAL LINES

Month	Total Number of Contract Agreements Written	Total Premiums (Dollar Amount)	Principal Balances (Dollar Amount)	Down Payments (Dollar Amount)	Total Service and Initial Charges (Dollar Amount)	Total Contract Agreements Cancelled by Power of Attorney
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Year's Total						

COMMERCIAL LINES

Month	Total Number of Contract Agreements Written	Total Premiums (Dollar Amount)	Principal Balances (Dollar Amount)	Down Payments (Dollar Amount)	Total Service and Initial Charges (Dollar Amount)	Total Contract Agreements Cancelled by Power of Attorney
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Year's Total						

Identify insurers whose premiums you have financed within this reporting calendar year. Enter the percentage (based on dollar value) of your total business conducted with each insurer.

INSURER	%	INSURER	%



ADDENDUMS PROCESSED

Month	Number	Amount
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Year's Total		

CONTRACTS REVISED

Month	Number	Amount
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Year's Total		



FINANCIAL REPORT

ASSETS

	CURRENT ASSETS		
1	Cash on Hand		
2	Cash in Bank		
	Trust Account		
	Net Cash in Bank		
3	Marketable Securities at Cost (Schedules 3S & 3B)		
4	Accounts Receivable (Customers' Unpaid Balance)		
	Less Uncollected Service Charge		
	Less Reserve for Bad Debts		
	Net Accounts Receivable		
5	Accounts and Notes Receivable – Officers and Directors (Schedule 4)		
6	Other Receivables (Schedule 5)		
7	Deferred Changes and Prepaid Expenses		
8	Accrued Interest, Dividends and Real Estate Income		
9			
10	TOTAL CURRENT ASSETS (Add lines 1-9)		
	LONG TERM ASSETS		
11	Mortgage Loans and Real Estate (Schedule 6)		
	First Liens		
	Other than First Liens		
12			
	FIXED LONG-TERM ASSETS (Add lines 11 and 12)		
	FIXED ASSETS		
14	Real Estate Owned (Schedule 7)		
15	Furniture, Fixtures, and Equipment (Net)		
16	TOTAL FIXED ASSETS (Add lines 14 and 15)		
	OTHER ASSETS		
17			
18			
19			
20	TOTAL OTHER ASSETS (Add lines 17-19)		
	TOTAL ASSETS (Add lines 10, 13, 16, and 20)		



LIABILITIES

	CURRENT LIABILITIES		
1	Secured Accounts and Notes Payable (Due in one year)		
	Loans from Bank (Schedule 8)		
	Due Parent Company or Affiliate		
	Other Short-Term Obligations		
	Notes		
	Accounts		
	TOTAL ACCOUNTS AND NOTES PAYABLE		
2	Amounts held by Company as Agent or Trustee		
3	Accrued Expenses		
	Salaries and Wages		
	Taxes, Licenses, and Fees		
	Other Accruals		
	TOTAL ACCRUED EXPENSES		
4	Other Current Liabilities		
	Refunds Due Insureds – Trust Account		
5	TOTAL CURRENT LIABILITES (Add lines 1-4)		
	LONG TERM LIABILITIES		
6	Long Term Debt (Schedule 9)		
7	Other Long-Term Liabilities		
8	TOTAL LONG-TERM LIABILITIES (Add lines 6 and 7)		
9	TOTAL LIABILITIES (Add lines 5 and 8)		

NET WORTH

Outstanding Preferred Stock		
Outstanding Common Stock		
Paid in Surplus		
Paid in Capital (Proprietorship or Partnership)		
Retained Earnings (Net)		
Total Net Worth		
Total Liabilities and Net Worth		



STATEMENT OF INCOME

1	Service Charges Collected		
2	Collection of Previously Charged Off Accounts		
3	Interest on Investment		
4	Income for all other sources:		
5			
6			
7			
8			
9			
10			
11			
12	TOTAL INCOME (Add lines 1-11)		

EXPENSES

Total Income (From Statement of Income, Line 12)		
Salaries		
Officers		
Directors		
Employees		
Total Salaries		
Advertising		
Insurance and Fidelity Bonds		
Taxes (Other than Income Taxes) and Licenses		
Printing, Stationary, and Supplies		
Bad Debts Charged Off		
Reserve for Bad Debts		
Auditing and Legal Fees		
Postage and Express		
Rent and Utilities		
Telephone and Telegraph		
Travel Expenses		
Interest Expenses		
Depreciation		
Furniture, Fixtures, and Equipment		
Real Estate or Leasehold Improvement		
Itemized Other Expenses:		
TOTAL EXPENSES BEFORE TAXES (Add lines 2-20)		
Estimated Income Taxes		
Federal Income Taxes		
State Income Taxes		
Total Income Taxes		
TOTAL EXPENSES AFTER TAXES (Add lines 21 and 22)		
NET INCOME (Lines 1 less line 23)		



RECONCILIATION OF NET WORTH

Total Net Worth Beginning Period		
Plus, Stock Issued		
Preferred		
Common		
Additional Surplus Paid In		
Capital Paid in (Proprietorship or Partnership)		
Net Income (From Page 6, Line24)		
Less Stock Retired		
Preferred		
Common		
Dividends Paid		
Drawings by Individual or Partner		
TOTAL NET WORTH – End of Period		

Section 4. Attestation

I certify that I will comply with all applicable provisions of Title 38, Chapters 39 of the South Carolina Code of Laws. At the close of business December 31st of the stated report year, all transactions of the year were truthfully and accurately entered on the books of this company, except as clearly noted and explained within this annual statement. I certify all information submitted on this form and attachments are true and accurate. I understand that providing false information on this form may result in the revocation of the license or imposition of administrative penalties for the Applicant under which this form is required.

Print Name of Officer or Authorized Representative:	Title:
Signature:	Date:
Subscribed and sworn to me before this _____ day of _____	
Notary Signature _____	
My Commission Expires _____	
County of _____	
State of _____	

(Notary Seal Affixed Here)

