

ANNUAL STATEMENT

OF

(NAME OF COMPANY)

(COMPANY MAILING ADDRESS)

(COMPANY LICENSE NUMBER)



INSURANCE PREMIUM SERVICE COMPANY
TO THE
INSURANCE DIRECTOR
OF THE STATE OF SOUTH CAROLINA

FOR THE PERIOD OF

JANUARY 1, 20

TO

DECEMBER 31, 20

Assets

Current Assets

1	Cash on Hand		
2	Cash in Bank (Schedule 1)		
	Trust Account (Schedule 2)		
	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 Charges 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	_____		
13	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)		
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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

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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 LIABILITIES (add lines 1-4)

Long Term Liabilities

6 Long Term Debt (Schedule 9)

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7 Other Long Term Liabilities

8 TOTAL LONG TERM LIABILITIES (add lines 6 and 7)

9 TOTAL LIABILITIES (add lines 5 and 8)

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Statement of Income

- 1 Service Charges Collected
- 2 Collection of Previously Charged off Accounts
- 3 Interest on Investment
- Income from all other Sources
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____

12 TOTAL INCOME (add lines 1-11)

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Expenses

1 Total Income (Page 2, Line 12)				
2 Salaries				
Officers				
Directors				
Employees				
Total Salaries				
3 Advertising				
4 Insurance and Fidelity Bonds				
5 Taxes (other than income taxes) and Licenses				
6 Printing, Stationary, and Supplies				
7 Bad Debts charged off				
8 Reserve for Bad Debts				
9 Auditing and Legal Fees				
10 Postage and Express				
11 Rent and Utilities				
12 Telephone and Telegraph				
13 Travel Expenses				
14 Interest Expenses				
15 Depreciation				
Furniture, Fixtures, and Equipment				
Real Estate or Leasehold Improvement				
Itemized Other Expenses				
16 _____				
17 _____				
18 _____				
19 _____				
20 _____				
21 TOTAL EXPENSES BEFORE TAXES (add lines 2-20)				
22 Estimated Income Taxes				
Federal Income Taxes				
State Income Taxes				
Total Income Taxes				
23 TOTAL EXPENSES AFTER TAXES (add lines 21 and 22)				
24 NET INCOME (line 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 3)				
Less Stock Retired				
Preferred				
Common				
Dividends Paid				
Drawings by Individual or Partner				
TOTAL NET WORTH - end of period				

Schedule 2
Trust Account - Refunds

Balance in account December 31 last year	_____
plus: Deposit made this year	
TOTAL	_____
less: Checks paid this year	
Less: Outstanding checks on December 31 thgis year	
Less: Amounts 3 years old withdrawn	
Less: Other	
TOTAL	_____
Balance December 31 this year	_____

Analysis of Contracts and Operations

Month	Addendums Processed		Contracts Revised	
	Number	Amount	Number	Amount
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Years Total				

Schedule 11
Collateral Accounts (Customer Advance Payments)

Name	Contract #	Total Collateral Receipts during year	Total Collateral
Totals		\$	\$ Page 5, line 4d

Personal Lines

Month	New Agreements Written	Total Premiums	Principal Balances	Total Service / Initial Charges	Cancelled Policies by Request	Cancelled Policies by POA
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Years' Total						

Commercial Lines

Month	New Agreements Written	Total Premiums	Principal Balances	Total Service / Initial Charges	Cancelled Policies by Request	Cancelled Policies by POA
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Years' Total						