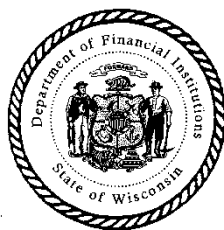


**INSURANCE PREMIUM FINANCE COMPANY  
ANNUAL REPORT**

**Due Date:  
March 31, 2025**



State of Wisconsin  
Department of Financial Institutions  
Division of Banking  
PO Box 7876                      4822 Madison Yards Way  
Madison, WI 53707-7876              North Tower  
Telephone: (608) 261-7578              Madison, WI 53705  
FAX: (608) 267-6889                      **dfi.wi.gov**

FOR YEAR ENDING DECEMBER 31, 2024

**Instructions:** Provide the information requested for each of the following items. Enter "N/A" if an item is not applicable.

**Notice:** This form is required under Wis. Stat. s. 138.12. Refusal to fully and accurately provide the information required below may result in the revocation of a license. Personally identifiable information on this form may be matched against tax information, data regarding delinquent child and family support and unemployment insurance obligations, and law enforcement records. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Name of licensee. If the licensee uses one or more trade names or doing business as (DBA) names, include each DBA.

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2. Provide the following information for the person to whom questions regarding this report should be addressed:

|             |      |                   |         |        |
|-------------|------|-------------------|---------|--------|
| First Name: |      | Last Name:        |         | Title: |
| Street:     |      |                   | City:   |        |
| State:      | Zip: | Telephone Number: | E-mail: |        |

3. Identify the total number and net balance of insurance premium finance receivables due from Wisconsin customers that were outstanding on December 31, 2024. Receivables should be reported net of unearned finance charges.

|                        | Number | Net Balance |
|------------------------|--------|-------------|
| Consumer Receivables   | #      | \$          |
| Commercial Receivables | #      | \$          |

4. Identify the total number and net balance of insurance premium finance receivables from Wisconsin customers that were originated or purchased during the year ended December 31, 2024.

|                        | Number | Net Balance |
|------------------------|--------|-------------|
| Consumer Receivables   | #      | \$          |
| Commercial Receivables | #      | \$          |

5. ☐ Check this box to confirm that you verified that the direct owners, indirect owners, and executive officers identified on the Nationwide Multistate Licensing System (NMLS) are up-to-date and accurate.
6. ☐ Check this box to confirm that the licensee's responses to the disclosure questions found on the NMLS Company Form (MU1) are up-to-date and accurate.
7. ☐ Check this box to confirm that each owner/officer/control person's responses to the disclosure questions found on their NMLS Biographical Statement and Consent Form (MU2) are up-to-date and accurate.

8. ☐ I have searched for the licensee on the Wisconsin Department of Financial Institutions' Division of Corporate & Consumer Services' (DCCS) Corporate Records Search (<https://apps.dfi.wi.gov/apps/CorpSearch/Search.aspx>) and verified that the licensee is still authorized to conduct business in Wisconsin. [Note: if the licensee's registration is delinquent or dissolved, steps must be taken to restore the registration to good standing. Please contact DCCS at 608-261-7577 with any questions.]

### CERTIFICATION

I hereby certify that the statements in this annual report are correct and true.

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|        |         |                        |        |
|--------|---------|------------------------|--------|
| (Name) | (Title) | (Authorized Signature) | (Date) |
|--------|---------|------------------------|--------|

**Return completed reports to one of the following addresses:**

**E-mail:**

DFI\_LFS@wi.gov

**Mailing Address:**

Wisconsin Department of Financial Institutions  
P.O. Box 7876  
Madison, WI 53707-7876

**Courier Address:**

Wisconsin Department of Financial Institutions  
North Tower  
4822 Madison Yards Way  
Madison, WI 53705