

**INSURANCE PREMIUM FINANCE COMPANY  
ANNUAL REPORT**



State of Wisconsin  
Department of Financial Institutions  
Division of Banking

PO Box 7876  
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4822 Madison Yards Way  
North Tower  
Madison, WI 53705  
**www.wdfi.org**

FOR THE YEAR ENDING DECEMBER 31, 2022

**SCHEDULE A: GENERAL INFORMATION**

1. Name of Licensee. If your company uses a trade name or DBA (doing business as) name, include that as well:

\_\_\_\_\_

2. Address \_\_\_\_\_

(Street)

(PO Box)

(City)

(State)

(Zip Code)

Telephone \_\_\_\_\_

Website \_\_\_\_\_

3. Location where records relating to said business are maintained for examination purposes: \_\_\_\_\_

\_\_\_\_\_

4. Please provide the following information:

Corporation: List all key officers and the percentage of common stock owned. In addition, list all other stockholders who own 10% or more of the outstanding shares. Key officers include the chief executive officer, chief operating officer, president, executive or senior vice president, secretary and treasurer.

Limited Liability Company (LLC): List all key members and each member's interest. In addition, list all other members whose interest in the LLC is 10% or more. Key members include the chief executive officer, chief operating officer, president, executive or senior vice president, secretary and treasurer.

Limited Partnership: List all general partners and each partner's interest. In addition, list all limited partners whose interest in the limited partnership is 10% or more.

Partnership: List all partners and indicate percentage of ownership.

Sole Proprietorship: List proprietor.

OFFICER, MEMBER, PARTNER OR OWNER

TITLE OR POSITION

% OWNERSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER SHAREHOLDERS/OWNERS

% OWNERSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name, title, business address, telephone number and e-mail address of person to whom questions regarding this report should be directed.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

6. Name, title, business address, telephone number and e-mail address of person to whom correspondence regarding complaints filed with this Department against your company should be directed.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

7. Name, title, business address, telephone number and e-mail address of person to whom correspondence regarding examinations and compliance issues should be directed.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**SCHEDULE B: WISCONSIN FINANCE RECEIVABLES**

This schedule applies only to insurance premium finance receivables of **Wisconsin customers** and is to be completed based on information from the licensee's financial report for the twelve months ended **December 31, 2022, prepared in accordance with generally accepted accounting principles**. Receivables are to be reported net of unearned finance charges and all amounts reported below should be rounded to the nearest dollar.

8.	Finance receivables outstanding as of 12/31/2022:	<u>Number</u>	<u>Net Balance</u>
	a) Consumer Receivables .....	_____	\$ _____
	b) Commercial Receivables.....	_____	\$ _____

9.	Total premium finance agreements originated or purchased during the year ended 12/31/2022 (report original balance at time of acquisition):	<u>Number</u>	<u>Net Balance</u>
	a) Consumer Receivables .....	_____	\$ _____
	b) Commercial Receivables.....	_____	\$ _____

**SCHEDULE C: QUESTIONNAIRE**

10. The following questions must be answered by a duly authorized representative (key officer, member, partner, or owner) of the licensee. Mark an "X" in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet. "Key Officers" include the chief executive officer, chief operating officer, president, executive or senior vice president, secretary and treasurer. If your company has not previously filed an annual report with the division, the questions should be answered for the time period since your license application was submitted.

**Yes**   **No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has any key officer, member, partner or owner been convicted of any misdemeanor or felony (other than minor traffic offenses) in this state or any other state? Provide details about the misdemeanor or felony, including but not limited to conviction, conviction date, penalty and court.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any felony or misdemeanor charges (other than minor traffic offenses) pending against any key officer, member, partner or owner in this state or any other state? Provide details about the pending charges, including but not limited to charge, date and court.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any federal or state regulatory agency? Provide details about the disciplinary action, including but not limited to date, regulatory agency and type of discipline.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is disciplinary action pending against the licensee or any key officer, member, partner or owner by any federal or state regulatory agency? Provide details, including but not limited to action and regulatory agency.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has the licensee or any key officer, member, partner or owner surrendered, resigned, cancelled or been denied a professional license or other credential in this state or any other state? Provide details, including but not limited to date, credential and state.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of derogatory credit (bankruptcy, judgment, tax lien, collections, etc.)? Provide details, including but not limited to date, circumstances and court or agency.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of any suit, claim, or other civil action in this state or any other state that was settled, or included a ruling or decision not in the licensee's or individual's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, have any key officers, members, partners, or owners of the licensee also been a key officer, member, partner, or owner of another company that was the subject of disciplinary action while that individual was a key officer, member, partner or owner of the other company? Disciplinary action includes, but is not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation, and limitations by any federal or state regulatory agency. Provide details about the disciplinary action, including but not limited to, company name, date, regulatory agency, and type of discipline. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a suit, claim or other civil action pending against the licensee or any key officer, member, partner or owner in this state or any other state? Provide details, including but not limited to agency or court and date.  |

**AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, being the duly authorized representative of  
(Print Name of Key Officer/Member/Partner/Owner)

\_\_\_\_\_ hereby certify that each statement and representation in this  
(Name of Licensee)

annual report is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of Key Officer/Member/Partner/Owner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_

Notice: This form is required under Wis. Stat. s. 138.12. Refusal to provide this information may result in the denial of a license. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this form completely and accurately may result in denial or revocation of license, and any other penalties as provided by law.

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