



Department of Commerce

Division of Financial Institutions

John R. Kasich, Governor
Jacqueline T. Williams, Director

April 30, 2015

PF credential

Insurance Premium Finance Company Licensee name

Address

Address

Address

User ID:

Password:

Re: 2015 OHIO INSURANCE PREMIUM FINANCE COMPANY ACT LICENSE RENEWAL

Your Ohio Insurance Premium Finance Company Act license will expire June 30, 2015. If you wish to continue conducting business as an Insurance Premium Finance Company Licensee, you will need to follow the instructions in this packet. **If you do not wish to continue conducting business, you may surrender your license by checking this box , signing your name, stating your position with the company, and returning this sheet to the Division of Financial Institutions (Division). If you surrender, the surrender will be effective on the date the surrender is received by the Division.**

Signature	Printed Name	Position
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Applications to renew must be **received** by the Division by June 30, 2015 to ensure that your license continues without interruption. **Remember, compliance with the June 30th deadline is determined by the Division’s receipt of the renewal application – not the postmark.**

If you wish to renew, you may go to <http://com.ohio.gov/fiin/default.aspx> to download a paper application to submit to the Division via United States mail OR go to <https://elicense2-secure.com.ohio.gov/Lookup/LicenseLookup.aspx> to renew online.

To renew online, you will need the User ID and Password listed above. In order to renew your Insurance Premium Finance Company license online, you must submit the application fee via VISA or MasterCard or use of an Automated Clearing House (ACH) transaction. If you choose to use the ACH to pay the renewal fee, you are authorizing the Division to issue a charge against the checking account number you provide. Please ensure you have sufficient funds available in that checking account or your payment will be rejected. In addition, please be aware that ONLY checking accounts may be used for ACH transactions; savings account submissions will be rejected by your financial institution resulting in a delay in the processing of your renewal application.

By typing a name in the “signature line” of the online renewal application, you are affixing your signature. A signature used in connection with an electronic filing shall have the same legal effect as a manual signature. Please keep in mind that although you renew online, it may be necessary to submit paper documents to the Division to respond to certain questions on the application.

IF YOU FILE YOUR RENEWAL ONLINE, IT IS YOUR OBLIGATION TO ENSURE THE ELECTRONIC FILING IS DULY COMPLETED BEFORE THE DEADLINE. THEREFORE, PLEASE TAKE INTO CONSIDERATION THAT YOU COULD EXPERIENCE TECHNICAL PROBLEMS THAT COULD DELAY SUBMISSION OF YOUR APPLICATION. IF YOU EXPERIENCE TECHNICAL PROBLEMS, YOU ARE ENCOURAGED TO SUBMIT A PAPER RENEWAL. (THE LICENSING PERSONNEL DIFFER FROM THE IT PERSONNEL, SO THE LICENSING PERSONNEL WILL NOT BE ABLE TO ASSIST YOU WITH AN ELECTRONIC RENEWAL!)

Whichever method you choose to use to submit your Insurance Premium Finance Company Renewal Application, upon receipt, the application is subject to review by the Division. The Division's review will encompass completeness of the application and filing fee, and a review of the background histories of your owners and officers in order to determine the continued eligibility to be an Insurance Premium Finance Company Licensee. Only after the Division has completed its review and made a determination regarding the continued eligibility, will a license be renewed.

Remember, incomplete applications will delay the Division's ability to process the application. An incomplete application may result from:

- Failure to submit the appropriate filing fee;
- A "bounced" check or credit card payment, or a rejected ACH transaction;
- Failure to return the branch office location **roster**; or
- Failure to respond to questions on the Application or to respond to the Division regarding deficiencies.

IF YOU FAIL TO SUBMIT YOUR INSURANCE PREMIUM FINANCE COMPANY RENEWAL APPLICATION BEFORE JUNE 30TH, THE DIVISION WILL CONSIDER THAT YOUR INSURANCE PREMIUM FINANCE COMPANY LICENSE HAS EXPIRED.

Please contact the Division's Consumer Finance Licensing Section at 614.644.6484 or webdfi-cf@com.state.oh.us should you have any questions.

Sincerely,

Consumer Finance Licensing Section
Division of Financial Institutions

**2015 OHIO INSURANCE PREMIUM FINANCE COMPANY RENEWAL
APPLICATION**

Ohio Insurance Premium Finance Company Act License Number PF. _____

Insurance Premium Finance Company Licensee Name: _____

Contact Person for this Renewal: _____

Telephone Number for Contact Person: _____

Email address for Contact Person: _____

Renewal Fee is \$375 per location. \$375 x number of locations is _____

(Make checks payable to the Ohio Division of Financial Institutions, Consumer Finance Fund)

The Renewal Application and Attachments consists of the following:

- This Renewal Application;
- **A list of the locations being renewed;**
- A Company Resolution (sole proprietors do not need to submit a Company Resolution); and
- A financial statement dated within ninety days of submission of the application.

Read each question carefully and respond by indicating "Yes" or "No". As applicable, please provide a written explanation detailing the relevant facts and circumstances. If the space provided is insufficient to provide a complete response, please submit your signed explanation on an additional sheet via the United States Postal Service, email to Webdfi-cf@com.state.oh.us or fax to 614-728.0380.

1. Has the Insurance Premium Finance Company Licensee, any owner or any officer **EVER** been convicted of or pled guilty or nolo contendere to, or been convicted in any federal, state or military court, of a misdemeanor or felony criminal offense? Yes No If "Yes", please explain: _____

2. Are there any **PENDING** charges against the Insurance Premium Finance Company Licensee, any owner or any officer in any federal, state or military court regarding a misdemeanor or felony criminal offense? Yes No If "Yes", please explain: _____

3. Has the Insurance Premium Finance Company Licensee, any owner or any officer **EVER** been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance, malfeasance, or breach of fiduciary duty? Yes No If "Yes", please explain: _____

4. Do the Insurance Premium Finance Company Licensee, any owner or any officer have any unpaid civil judgments or **liens** against them? Yes No If "Yes", please explain: _____

5. Has the Insurance Premium Finance Company Licensee, any owner or any officer **EVER** been subject to any federal, state or military criminal or administrative investigation or order? Please include pending or ongoing investigations. Yes No If "Yes", please explain: _____

6. Has the Insurance Premium Finance Company Licensee, any owner or any officer **EVER** been named in any civil action that involved insurance, securities, or consumer/real estate lending/brokering? Include pending actions. Yes No If "Yes", please explain: _____

7. Has there been any change in ownership, control, or interest in the Insurance Premium Finance Company Licensee since July 1, 2014? Yes No If "Yes", please explain: _____

8. Has the Insurance Premium Finance Company Licensee changed its name from the one currently registered with the Division or started conducting business under a fictitious or trade name not registered with the Division? Yes No If "Yes", please explain: _____

Under penalties of perjury, the undersigned hereby acknowledges and attests that this Insurance Premium Finance Company License Renewal application, including any attachments submitted in paper or otherwise, constitutes a complete, truthful, and correct statement of information requested herein. I understand any false or fraudulent representation or substantial misrepresentation may be grounds for revocation of any registration granted by the Division of Financial Institutions and could result in other legal action initiated against me, including but not limited to criminal prosecution.

Signature

Date

Printed Name

Title

COMPANY RESOLUTION

(To be adopted by all companies for the purpose of demonstrating that the person signing documents and forms filed with, or submitted to, the Division of Financial Institutions, Consumer Finance Section, has the company's authority to sign on behalf of the company. NOTE: it is not necessary for sole proprietors to submit a company resolution.)

(Name of Company)

AT A MEETING OF ITS MEMBERS, PARTNERS, MANAGERS, TRUSTEES OR BOARD OF

DIRECTORS _____ HELD AT _____

ON THE _____ DAY OF _____, 20____ PURSUANT TO LAWFUL NOTICE OR

WAIVER THEREOF, AND AT WHICH MEETING A QUORUM FOR THE TRANSACTION OF

BUSINESS WAS PRESENT, THE FOLLOWING WAS DULY ADOPTED:

“**BE IT RESOLVED**, that _____

_____ (Name of Individual and Company Title)

or _____

_____ (Name of Individual and Company Title)

of _____

_____ (Name of Company)

Be authorized and directed by the Company’s members, partners, managers, trustees or board of directors, to execute and submit filings and forms for, and all acts amendatory thereof and supplemental thereto, the Company, to the Division of Financial Institutions.”

CERTIFICATION

The undersigned hereby certifies that he/she is the _____ Secretary of _____, a company organized and existing under the laws of the State of _____; that the foregoing is a true and correct copy of a resolution duly adopted at a meeting of the members, partners, managers, trustees or board of directors of the company held on _____ day of _____, 20 __, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal; and, that said resolution is in full force and effect.

By _____ (Company Secretary – Signature)

Printed Name

Date _____

INSURANCE PREMIUM FINANCE COMPANY ACT FINANCIAL STATEMENT

- This financial statement must reflect the financial condition of the Insurance Premium Finance Company Licensee as of a date within ninety days of submission of the 2015 License Renewal Application.
- Net worth must be calculated according to Generally Accepted Accounting Principles (GAAP). If net worth, calculated according to GAAP, is less than the requisite amount, the Insurance Premium Finance Company Licensee cannot renew.
- As part of the Division's review of this financial statement in conjunction with the Insurance Premium Finance Company renewal application, the Division may request that independent documentation be provided to support the financial statement or request that an audited financial statement be provided.

Name of Insurance Premium Finance Company Licensee: _____

License Number: PF. _____

Financial Statement as of: _____

ASSETS

Liquid Assets:

Cash on Hand.....	\$ _____
Cash in Banks.....	_____
Short Term Investments.....	_____
Listed Securities.....	_____
Receivables Net.....	_____
Inventory.....	_____
Prepaid Expenses.....	_____
Real Estate Owned.....	_____
Equipment.....	_____
Automobiles.....	_____
Other Assets-Itemize	_____
_____	_____
_____	_____

LIABILITIES & NET WORTH

Liabilities:

Notes Payable to Banks secured....	\$ _____
Notes Payable to Banks unsecured.	_____
Notes Payable Other	_____
Accruals.....	_____
Taxes unpaid or accrued.....	_____
Mortgage payable on Real Estate...	_____
Other Liabilities-Itemize	_____
_____	_____
_____	_____

_____	_____	_____	_____
_____	_____	Total Liabilities.....	_____
_____	_____	Equity/Net Worth.....	_____
Total Assets.....	\$_____	Total Liabilities & Net Worth.....	\$_____