

Premium finance company annual operations report

YEAR

Due on or before April 1

Company Name: _____

FEIN: _____

License #: _____

Branch/Parent EID: _____

Parent Name: _____

Branch Physical City: _____

Report prepared by

Name: _____

Physical Address: _____



**Email completed, signed and notarized report and
financial statement to CLRFilings@TDI.texas.gov**



Mail assessment fee with [TDI Form FIN321](#) to:
Texas Department of Insurance
Attn: Company Licensing and Registration, MC AO-9999
P.O. Box 12030
Austin, Texas 78711-2030

_____ Premium finance company annual operations report

YEAR

This annual operations report (AOR) is prepared in accordance with the requirements of Section 651.102 of the Texas Insurance Code (TIC), and Title 28, Part 1, Chapter 25 of the Texas Administrative Code (TAC). Each licensed location is required to submit an AOR to the Texas Department of Insurance (TDI or Department). The information provided by the licensee is subject to examination and/or verification by representatives of the Department.

I. Licensee Information

Name:	
DBA:	
FEIN:	Licensed Date:

The licensee is (check applicable classification):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Branch	<input type="checkbox"/> Other – Explain: _____	

Date Incorporated/Organized: _____ Jurisdiction (City, State): _____

Report the current information in the space provided below.

Mailing Address:		
Mailing Address (City, State Zip):		
Physical Address:		
Physical Address (City, State Zip):		
Manager:		
Email:		
Website:		
Phone Office:	Fax:	Toll Free:
AOR Contact Person:		Phone (Direct):
AOR Contact's Email Address:		

II. Premium Finance assessment fee calculation

Specify the total number of new loans (agreements/contracts) and the total amount financed for the policies funded during the current reporting year. New loans include those originated and later sold during the same reporting year, do not include purchased agreements. Report amounts in whole dollars.

	ALL Business		TEXAS Business	
	# Loans	\$ Amt. Financed	# Loans	\$ Amt. Financed
A. Total PERSONAL Lines	_____	_____	_____	_____
B. Total COMMERCIAL Lines	_____	_____	_____	_____
C. Total LIFE Lines	_____	_____	_____	_____
TOTAL (A + B + C above)	_____	_____	_____	_____
			Assessment Factor	X <u> N/A </u>
			TOTAL ASSESSMENT DUE	= <u> \$250 </u>

NOTES:

1. Make check payable to the Texas Department of Insurance for the total assessment fee amount of \$250 and send it with the [Company Licensing Fee Transmittal Form \(FIN321\)](#).
2. The assessment fee amount is calculated pursuant to Section 651.006(a) of the TIC and will be \$250.

III. Detailed statistical information

	ALL Business		TEXAS Business	
	# Loans	\$ Amt. Financed	# Loans	\$ Amt. Financed
A. Total New Loan Dollar Volume of Purchased Agreements	_____	_____	_____	_____
B. Total New Loan Dollar Volume of Sold Agreements	_____	_____	_____	_____
C. Canceled Agreements	_____	_____	_____	_____
D. Refunds To Insureds	_____	_____	_____	_____

IV. Licensee Operations information

Please respond to all questions or requests for information
(Attach additional sheets or information where necessary)

1. Check and provide the name of all classifications and/or affiliations that apply to the licensee (MGA = Managing General Agent, PFC = another Premium Finance Company, S&L = Savings and Loan, CU = Credit Union):

Insurer: _____ MGA: _____

Agent: _____ PFC: _____

Bank/S&L/CU: State: _____ Federal: _____

Other (explain): _____

2. Is the licensee affiliated with any other entities by common ownership or control? Yes _____ No _____
➤ If yes, attach an organization chart showing the relationship.

3. Is the licensee part of an insurance holding company system? Yes _____ No _____
➤ If yes, provide details specifying insurer and other affiliates:

4. Did the licensee operate as a premium finance company in any jurisdiction other than Texas during the reporting year? Yes _____ No _____
➤ If yes, Jurisdiction: _____ License #: _____

5. Was the certificate of authority or insurance license of any entity or person identified in questions 1 - 4 surrendered, suspended or revoked during the reporting year? Yes _____ No _____
➤ If yes, provide details: _____

6. Does any entity affiliated with the licensee conduct business at the licensed location? Yes _____ No _____
➤ If yes, provide details: _____

7. Did the licensee have a loan to any stockholder, officer, director, employee or affiliated entity during the reporting year? Yes _____ No _____
➤ If yes, provide details: _____

8. Provide the information for current owner(s)/partners, including stockholders holding 10% or more stock in the corporation, and for corporate officers and directors:

Full Name	Address (Residence)	Title	%

9. Was any person named in question 8 the subject of an administrative, judicial, or disciplinary proceeding; or, arrested, convicted or indicted for any crime other than a minor traffic violation during the reporting year? Yes _____ No _____
➤ If yes, provide details: _____

IV. Licensee Operations Information (cont.)

10. Did the licensee change any of the following during the reporting year? Yes _____ No _____

- a) Physical Location
 - b) Mailing Address
 - c) Location of Books and Records
 - d) Phone Number (office/fax/toll-free)
 - e) Ownership
 - f) Business Operation Forms
- If yes, Date of Change(s): _____ Date TDI Notified: _____

11. a) Did the licensee maintain a line of credit with any financial institution or other entity for the purpose of funding agreements? Yes _____ No _____

➤ If yes, line of credit amount: _____

b) Were agreements assigned to secure/maintain the line of credit? Yes _____ No _____

➤ If yes, provide details: _____

12. Did the licensee purchase agreements from other premium finance companies or any other entities during the reporting year? (Reference III. A. Purchased Agreements, on page 4) Yes _____ No _____

➤ If yes, provide the following:

Seller's Name	# Purchased	\$ Amount Financed
TOTALS		

13. Did the licensee service agreements on behalf of other premium finance companies or any other entities during the reporting year? Yes _____ No _____

➤ If yes, provide the following:

Entity's Name	# Serviced	\$ Amount Financed
TOTALS		

14. Did the licensee sell premium finance agreements to other premium finance companies, a trust or any other entities during the reporting year? (Reference III. B Sold Agreements, on page 4) Yes _____ No _____

➤ If yes, provide the following:

Buyer's Name	# Sold	\$ Amount Financed
TOTALS		

15. Did the licensee finance premiums or accept agreements exclusively for a single insurer, MGA, surplus lines agent, or local recording agent? Yes _____ No _____

➤ If yes, provide details: _____

V. Information regarding the licensees' compliance with specific premium finance statutes, rules and regulations

- 16. Are all books and records of the licensee maintained at the licensed physical location? Yes _____ No ____
 ➤ If no, where: _____
- 17. Did the licensee send written notification of the premium finance agreement to the insurer within 30 business days after acceptance? Yes _____ No ____
 ➤ If no, explain: _____
- 18. Did the licensee process and fund all agreements within 5 business days after acceptance? Yes _____ No ____
 ➤ If no, explain: _____
- 19. Did the licensee *cancel* insurance contracts in accordance with Section 651.161 of the TIC? Yes _____ No ____
 ➤ If you canceled contracts, 'Section III. C. Canceled Agreements' on page 4 must be answered.
- 20. Did the licensee bill agents for the full amount of any unearned commissions? Yes _____ No ____
 ➤ If no, explain: _____
- 21. Did the licensee return monies due an insured directly to the insured within 20 days following the receipt of unearned premiums? Yes _____ No ____
 ➤ If you made Refunds, 'Section III. D. Refunds to Insureds' on page 4 must be answered.
- 22. The licensee is required to establish an unclaimed property (escheat) account, for monies due an insured that cannot be located. Has the licensee established such an account? Yes _____ No ____
 ➤ If no, explain: _____
- 23. Did the licensee implement privacy policies/procedures consistent with the requirements of Chapter 22 TAC concerning the treatment of nonpublic personal financial information? Yes _____ No ____
 ➤ If no, explain: _____
- 24. Information regarding licensee's compliance with Sections 25.87 and 25.32 TAC:
 - a) The licensee is required to include a financial statement as part of its annual report. Has a sworn financial statement been attached to this report? Yes _____ No ____
 - b) The licensee is at all times required to maintain Net Assets available for use in the business of not less than \$25,000. Has the licensee maintained at least \$25,000 in Total Equity (capital & retained earnings) throughout the year? Yes _____ No ____

Total Equity reported as of 12/31:\$ _____

AFFIDAVIT

State of: _____

County/Parish of: _____

Print or Type Name of:

_____, President or Owner,

_____, Secretary, and

_____, Chief Financial Officer (CFO)

(CFO or corresponding person having charge of the records of the licensee)

of _____
(Print or Type Company Name)

being first duly sworn each for himself/herself deposes and says that they are the above described officers of said licensee, and that on the reporting period stated above, that this report, together with related statements, attachments, exhibits, data and explanations therein contained, is a full and true statement of the financial condition and affairs of said licensee.

Signed,

_____, President or Owner

_____, Secretary (Corporate Seal)

_____, Chief Financial Officer

Subscribed and Sworn to Before me this _____ day of _____ 2021.

(Signature of Notary Public)

Notary Public in and for the State of: _____

(Notary Seal)

My Commission Expires: _____