



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, 2019 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 12/31/2019:	<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 12/31/2019 (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**

     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.

     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.

     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.

     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.

     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.

     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.

     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.

     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.

     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**

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

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

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

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

**Notice:** Completion of this form is mandatory. Failure to comply is a violation of Section 138.12, Wisconsin Statutes. Personal information you provide may be used for secondary purposes.