



STATE OF TENNESSEE  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
414 UNION STREET, SUITE 1000  
NASHVILLE, TN 37219  
PHONE (615) 741-2236 FAX (615) 741-2883

**MEMORANDUM**

**TO: ALL PREMIUM FINANCE COMPANY REGISTRANTS**

**FROM: Compliance Division**

**DATE: April 2011**

**RE: 2011 / 2012 CERTIFICATE OF REGISTRATION RENEWAL**

*Your present registration, which authorizes you to conduct business as a Premium Finance Company, expires **June 30, 2011.***

Enclosed, you will find the following forms:

1. APPLICATION TO BE LICENSED AS A PREMIUM FINANCE COMPANY, which is to be completed and returned with a **fee of \$200.00**, pursuant to T.C.A. Section 56-37-103 (b) (1).
2. ANNUAL INSPECTION FEE OF PREMIUM FINANCE COMPANIES, which is to be completed and returned with a **fee of \$200.00 for each office** that you operate pursuant to T.C.A. Section 56-37-103 (b) (2).

Checks should be made payable to DEPARTMENT OF FINANCIAL INSTITUTIONS.

Upon completion of the enclosed applications and payment of the above fees, a new license may be issued.

If you have any questions concerning the enclosed forms, please contact our office at (615) 741-3186.

**\$200.00 FEE**



State of Tennessee  
Department of Financial Institutions  
414 Union Street, Suite 1000  
Nashville, TN 37219  
PHONE (615) 741-2236 FAX (615) 741-2883

**APPLICATION TO BE LICENSED AS A PREMIUM FINANCE COMPANY**

\_\_\_\_\_  
NAME OF BUSINESS

\_\_\_\_\_  
STREET ADDRESS                      CITY                      COUNTY                      STATE                      ZIP CODE

\_\_\_\_\_  
FEDERAL TAXPAYER ID NUMBER                      STATE WHERE ORGANIZED

\_\_\_\_\_  
TELEPHONE NUMBER                      FAX NUMBER                      E-MAIL ADDRESS

HOME (MAIN) OFFICE: (LIST NAME, ADDRESS, TELEPHONE NUMBER)

\_\_\_\_\_

ATTACH LIST OF OTHER OFFICE LOCATIONS AND IDENTIFY BY NAME AND ADDRESS ANY AFFILIATES DOING BUSINESS IN THE STATE OF TENNESSEE. IF NONE, SO STATE.

\_\_\_\_\_

STATUS OF APPLICANT (Check appropriate box)

- An individual doing business under own name  
SSN \_\_\_\_\_  
Home Address \_\_\_\_\_
- An individual doing business under assumed or trade name  
SSN \_\_\_\_\_  
Home Address \_\_\_\_\_
- General Partnership
- Limited Partnership
- Limited Liability Company
- A corporation organized in TN
- A corporation organized in some other jurisdiction
- Other

NAME OF APPLICANT \_\_\_\_\_

Is applicant affiliated with any bank or bank holding company? If yes, identify by name and address: \_\_\_\_\_

Is applicant affiliated with any other lending institution or company? If yes, identify by name and address: \_\_\_\_\_

Name of Principals:

Business History:

Business Background of Principals:

Name and Address of all parties owning at least 5% interest, stating amount owned:

Has any stockholder or employee ever been convicted of a felony? Yes\_\_\_ No\_\_\_  
If yes, explain fully:

**INDIVIDUAL RESPONSIBLE FOR RESPONDING TO QUESTIONS RELATING TO THIS APPLICATION:**

NAME TITLE

STREET ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER FAX NUMBER

Applicant hereby agrees to submit an annual report and to notify this Department of any interim changes:

**CERTIFICATION**

I hereby certify that this APPLICATION to operate as a premium finance company, under the provisions of TCA Title 56 Chapter 37 is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the APPLICATION.

SIGNATURE DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public in and for the said County personally appeared \_\_\_\_\_ known to me to be said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

NOTARY PUBLIC

(NOTARY SEAL)

MY COMMISSION EXPIRES \_\_\_\_\_

**\$200.00 FEE (per office)**



State of Tennessee  
Department of Financial Institutions  
414 Union Street, Suite 1000  
Nashville, TN 37219  
PHONE (615) 741-2236 FAX (615) 741-2883

**ANNUAL INSPECTION FEE OF PREMIUM FINANCE COMPANIES**

To the Commissioner of Financial Institutions:

I, \_\_\_\_\_  
(Name and Title of Officer)

\_\_\_\_\_  
(Name and Address of Home Office)

hereby certify upon oath that the said corporation, partnership, or individual, operates as a Premium Finance Company, under provisions of Section 4(a) of the Premium Finance act of 1980 (T.C.A. Title 56, Chapter 37)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Address)

It will operate \_\_\_\_\_ Offices within the State of Tennessee.  
No.

(SHOW ADDRESSES ON THE REVERSE SIDE)

There is hereby tendered the sum of \$200.00 for the above named company in payment of fees required by Section 3(b) paragraph (2) of the premium Finance Company Act of 1980 for the fiscal year July 1, \_\_\_\_ through June 30, \_\_\_\_.

**MAKE CHECK PAYABLE TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS**

Witness my signature on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Officer, Partner, or Proprietor

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires: \_\_\_\_\_  
Notary Public