

**STATE OF MINNESOTA
ANNUAL REPORT OF CONSUMER FINANCE COMPANIES
INSURANCE PREMIUM FINANCE COMPANY
TO THE COMMISSIONER OF COMMERCE
AS OF DECEMBER 31, 2010**

NOTE: List only Minnesota activity on the following pages:

Licensee: _____

Address: _____

Manager: _____

License Number: _____ Telephone No. (____) _____

**INSURANCE PREMIUM FINANCE COMPANY ANNUAL REPORT
For the year ended December 31, 2010**

	Number	Amount	Number	Amount
1. Beginning balance			xxxxxxx	xxxxxxx
2. Agreements direct			xxxxxxx	xxxxxxx
3. Agreements purchased			xxxxxxx	xxxxxxx
4. Total (1+2+3)	xxxxxxx	xxxxxxx		
5. Agreements sold			xxxxxxx	xxxxxxx
6. Agreements charged off			xxxxxxx	xxxxxxx
7. Agreements Paid-In-Full		xxxxxxx	xxxxxxx	xxxxxxx
8. Total of payments received	xxxxxxx		xxxxxxx	xxxxxxx
9. Agreement liquidation (Total 5+6+7+8)	xxxxxxx	xxxxxxx		
10. Ending balance of agreements outstanding (Line 4 minus line 9)	xxxxxxx	xxxxxxx		

This affidavit must be executed, if a corporation, by a duly authorized officer of such corporation, or by a partner, if a partnership, or by owner, if an individual.

AFFIDAVIT

State of _____

County of _____

I, _____ of the _____ swear (or affirm) that to the best of my knowledge and belief, the figures contained in this report, (3 pages) including the accompanying schedules and financial statements (if any) are true and that the same is true and complete statement in accordance with the law.

Signed _____

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

NOTARY SEAL

State of _____

County of _____

My Commission Expires _____

Contact Persons for the following: (Include title, address, phone & fax number (800) if avail, and E-mail address).

Annual Report _____

Complaints _____

Billings (Examinations & Assessment) _____

Recipient of Examination Report _____

Notice of Change of Management _____

License Renewal _____

