## APPLICATION FOR RENEWAL OF LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY

To the Commissioner, Department of Insurance:

Application is hereby made for renewal of a license to operate an insurance premium finance company.

N	NAME of COMPANY						
ΑI	ADDRESS (as it appears on current license)						
Si	This is a renewal of License Number for the year  Since the filing of the application for the original license or since the renewal of the license, the following change have taken place in regard to information furnished in response to the questions set out in Form PF-1:						
1.	Company name Yes No (If yes, attach exhibit)						
2.	Address Yes No (If yes, attach exhibit)						
3.	Type of company Yes No (If yes, attach exhibit)						
4.	Any changes to Articles of Incorporation, articles of association for a partnership, limited partnership, organic document for formation of other firm?						
	Yes No (If yes, attach exhibit)						
5.	Has the applicant engaged previously in the same or similar business?						
	Yes No (If yes, attach exhibit)						
6.	Any change in control of Company?						
	Yes No (If yes, attach exhibit)						
7.	If a partnership, any changes made?						
	Yes No (If yes, attach exhibit)						
8.	If a corporation, any changes in shares of stock – authorized, outstanding, par value? Any one person own 10% or more?						
	Yes No (If yes, attach exhibit)						

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9.	Attach current, certified financial statement (PF-4)				
	Yes	No	(If yes, attach exhibit)		
10.	Other types of business cond	ducted at sai	me address		
	Yes	No	(If yes, attach exhibit)		
11.	More than one place of busing	ness			
	Yes	No	(If yes, attach exhibit)		
12.	State or any other state; bee respect to a State or Federal Department of Insurance to h	n arrested, ii offense in tl nave violated	or received a rejection, revocation or suspension of license from this indicted, convicted, entered a plea of guilty or nolo contendere with his or any other state; been found by the Commissioner of the d any of the provisions of the Kentucky Insurance Code or involuntary bankruptcy, receivership, trusteeship or conservatorship		
	Yes	No	(If yes, attach exhibit)		
			VERIFICATION		
СО	UNTY				
ST	ATE				
I, _			, the undersigned, being the		
			of the		
	jury, that to the best of my kno companying statements, if any	_	(Name of Company) swear, or (or affirm) subject to the penalties of belief, the statements contained in this application, including the ad complete.	:	
			(Signature of Officer)		
			(Title)		
Sul	oscribed and sworn to before	me this	day of,		
			(Notary Public)		
			My Commission expires		