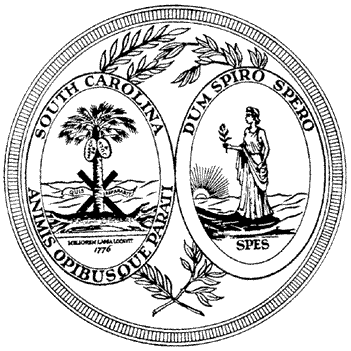
ANNUAL STATEMENT

OF

NAME OF COMPANY

COMPANY ADDRESS



INSURANCE PREMIUM SERVICE COMPANY

TO THE

INSURANCE DIRECTOR

OF THE STATE OF SOUTH CAROLINA

(FOR PERIOD)

FROM JANUARY 1, 2012 TO DECEMBER 31, 2012

South Carolina Department of Insurance

Insurance Premium Service Company Annual Statement

_____ / _____

Company Name — SC Company Code Number

For The Period From January 1, _____ To December 31, _____

Business Demographics

1 Legal Company Name		2 FEIN -	
3 Register DBA/Trade Name (if applicable)	4 Contact Name and Telephone Number		
5 Business Street Address	6 City	7 State	8 Zip
9 Business Mailing Address	10 City	11 State	12 Zip
13 Business Telephone Number ( ) -	14 Business Fax Number ( ) -	15 Business E-Mail Address	
16 Home Office Mailing Address	17 City	18 State	19 Zip
20 Home Telephone Number ( ) -	21 Home Fax Number ( ) -	22 Business Web Site Address	

Other SC Licensed Branch Offices

23 **List each licensed insurance premium financing branch office. Include physical address and mailing address (if different), and telephone number. Continue list on separate page if needed.**

Branch Office ( ) -	Mailing address
Branch Office ( ) -	Mailing address
Branch Office ( ) -	Mailing address
Branch Office ( ) -	Mailing address
Branch Office ( ) -	Mailing address

LAST REVISION
SEPTEMBER 2005
Form 4502

GENERAL QUESTIONS

To be answered by all companies:

1. At the close of business December 31st, were all the transactions of the year truthfully and accurately entered on the books?
   Yes ____ No ____

2. If the answer is no, explain._____
   _____

3. State whether Individual, Partnership or Corporation._____

4. Are all original contracts for financed agreements on file in the office of your organization at the address shown on your license? Yes ____ No ____

5. If answer is no, explain. _____

6. Describe any other business conducted in the same office as your premium financing. _____
   _____

7. The official responsible for supervision of offices in this State:
   Name_____ Title _____ Address_____

8. Where does licensee keep its general ledgers?_____

9. Is the licensee, parent company or affiliate engaged in the premium finance business in other states? Yes ____ No ____

10. If answer is yes, explain._____

11. What changes have been made during the year in the management or the directors of the company?_____
    _____
    _____

12. As of December 31st, how many people were in the employment of your premium finance business? _____

13. Have all forms used by you been assigned a form number or identification number. Yes ____ No ____

14. Were there any contingent liabilities not recorded on books? (Loans endorsed, law suits, etc.) Yes ____ No ____

15. If answer is yes, explain. _____
    _____

16. What officials and heads of departments of the company supervised the making of this report? _____
    _____

17. Are your files and bank accounts separate and apart from all other businesses? Yes ____ No ____

18. Have the instructions accompanying this statement been followed in every detail? Yes ____ No ____

19. Which type of Security is pledged to the S. C. Department of Insurance. $50,000 Surety Bond ____ Certificate of Deposit ____

To be answered by corporations only:

20. Are officers of corporation bonded? Yes _____ No _____ If so, state amount of bond for each and whether given by surety company or by individuals._____

_____

_____

21. Persons owning at least 20 percent of the outstanding stock are:

Name and Address	# Shares	% Ownership	Par Value Per Share	Are Dividends Cumulative

22. Name and address of parent company, if any. _____

_____

23. What interest, direct or indirect, has this company in the capital stock of any other company? _____

_____

24. Total amount loaned during the year to directors or other officers. $_____, to stockholders not officers $ _____ .

25. The total amount of loans outstanding at the end of year to directors or other officers $ _____ to stockholders not officers $ _____ .

26. Did any person while an officer, director or trustee of the company receive directly or indirectly, during the period covered by this statement, any compensation other than salary on the business transactions of the company? Yes _____ No _____

27. Were any of the stocks, bonds or other assets of the company loaned during the year covered by this statement? Yes _____ No_____ If so, give full and complete information relating thereto. _____

_____

28. Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation or deed of settlement of the company? Yes _____ No _____ If not previously filed, furnish herewith a certified copy of the instrument as amended.

29. In what states, territories or foreign countries is the company (or United States branch) authorized to transact business?

_____

_____

30. Is the purchase or sale of all investments of the company passed upon either by directors or by a subordinate committee thereof? Yes _____ No _____

31. Does the company keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes _____ No _____

32. How many shares of common and preferred stock are at present outstanding? _____

33. What is the number of shares authorized? _____

34. What is the par value of these stocks? _____

South Carolina Department of Insurance

Insurance Premium Service Company Statement

_____ / _____

Company Name — SC Company Code Number

Business Owners

(24) **Identify the owners, either individuals and/or entities, with 10% or greater ownership of the business. Indicate the shares owned or percentage of ownership. List the representing or voting persons of entities listed as owners.**

Name _____ Address _____ Ownership % _____

Name _____ Address _____ Ownership % _____

Name _____ Address _____ Ownership % _____

Name _____ Address _____ Ownership % _____

Continue on separate sheet if needed.

Governing Members

(25) **Identify each member of the Board of Directors (Incorporations), Members Board (LLCs), Partners, or other governing persons of the business entity.**

Name _____ Address _____ Title _____

Name _____ Address _____ Title _____

Name _____ Address _____ Title _____

Name _____ Address _____ Title _____

Continue on separate sheet if needed.

Officers (Incorporations) Managers (LLCs), Partners. Individual

(26) **Identify all Officers, Managers and/or Members (LLCs), Partners, or Individuals of the business entity.**

Name _____ Address _____ Title _____

Name _____ Address _____ Title _____

Name _____ Address _____ Title _____

Name _____ Address _____ Title _____

Name _____ Address _____ Title _____

Continue on separate sheet if needed.

ASSETS

CURRENT ASSETS:			
1. Cash on Hand			
2. Cash in Bank Schedule 1)			
Trust Account (Schedule 2)			
Net Cash in Bank			
3. Marketable Securities at cost (Schedules 3S & 3B)			
4. Accounts Receivable (customers unpaid balance)			
Less: Uncollected Service Charge			
Less: Reserve for Bad Debts			
Net Accounts Receivable			
5. Accounts and Notes Receivable – Officers and Directors (Schedule 4)			
6. Other Receivables (Schedule 5)			
7. Deferred Charges and Prepaid Expenses			
8. Accrued Interest, Dividends and Real Estate Income			
9. _____			
10. TOTAL CURRENT ASSETS (Add lines 1-9)			
LONG-TERM ASSETS:			
11. Mortgage Loans on Real Estate (Schedule 6)			
a. First Liens			
b. Other than First Liens			
12. _____			
13. TOTAL LONG-TERM ASSETS (Add Lines 11 and 12)			
FIXED ASSETS:			
14. Real Estate Owned (Schedule 7)			
15. Furniture, Fixtures and Equipment (net)			
16. TOTAL FIXED ASSETS (Add Lines 14 and 15)			
OTHER ASSETS:			
17. _____			
18. _____			
19. _____			
20. TOTAL OTHER ASSETS (Add Lines 17- 19)			
21. TOTAL ASSETS (Add Lines 10. 13, 16 and 20)			

LIABILITIES

CURRENT LIABILITIES:

1. Secured Accounts and Notes Payable (Due in one Year)
   - a. Loans from Bank (Schedule 8) . . . . . .
   - b. Due Parent Company or Affiliate . . . . . .
   - c. Other Short-Term Obligations . . . . . .
     - (1) Notes . . . . . .
     - (2) Accounts . . . . . .

   Total Accounts and Notes Payable . . . . . .

2. Amounts held by Company as agent or trustee . . . . . .
3. Accrued Expenses
   - a. Salaries and Wages . . . . . .
   - b. Taxes, Licenses and Fees . . . . . .
   - c. Other Accruals. . . . . .

   Total Accrued Expenses . . . . . .

4. Other Current Liabilities:
   - a. Refunds Due Insureds - Trust Account . . . . . .
   - b. _____ . . . . . .
   - c. _____ . . . . . .
   - d. _____ . . . . . .
5. TOTAL CURRENT LIABILITIES (Add Lines 1-4) . . . . . .

LONG-TERM LIABILITIES:

6. Long-term Debt (Schedule 9) . . . . . .
7. Other Long-term Liabilities
   - a. _____ . . . . . .
   - b. _____ . . . . . .
8. TOTAL LONG-TERM LIABILITIES (Add Lines 6 and 7). . . . . .
9. TOTAL LIABILITIES (Add Lines 5 and 8). . . . . .

NET WORTH

Outstanding Preferred Stock . . . . . .

Outstanding Common Stock . . . . . .

Paid in Surplus . . . . . .

Paid in Capital (Proprietorship or Partnership) . . . . . .

Retained Earnings (Net) . . . . . .

Total Net Worth . . . . . .

Total Liabilities and Net Worth . . . . . .

STATEMENT OF INCOME

1. Service Charges Collected		
2. Collection of Previously Charged off accounts		
3. Interest on Investment		
Income from all Other Sources:		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. TOTAL INCOME (Add lines 1-11)		

EXPENSES

1. TOTAL INCOME (Page 2, Line 12)						
2. Salaries:						
a. Officers						
b. Directors						
c. Employees						
Total Salaries						
3. Advertising						
4. Insurance and Fidelity Bonds						
5. Taxes (other than income taxes) and Licenses						
6. Printing, Stationery and Supplies						
7. Bad Debts charged off						
8. Reserve for Bad Debts						
9. Auditing and Legal Fees						
10. Postage and Express						
11. Rent and Utilities						
12. Telephone and Telegraph						
13. Travel Expenses						
14. Interest Expense						
15. Depreciation						
a. Furniture, Fixtures and Equipment						
b. Real Estate or Leasehold Improvement						
Itemize Other Expenses:						
16. _____						
17. _____						
18. _____						
19. _____						
20. _____						
21. TOTAL EXPENSES BEFORE TAXES (Add lines 2-20)						
22. Estimated Income Taxes:						
a. Federal Income Taxes						
b. State Income Taxes						
c. Total Income Taxes						
23. TOTAL EXPENSES AFTER TAXES (Add lines 21 and 22)						
24. NET INCOME (Line 1 Less Line 23)						

RECONCILIATION OF NET WORTH

Total Net Worth Beginning Period		$_____
Plus: Stock Issued;		
Preferred	$_____	
Common	_____	_____
Additional Surplus Paid In		_____
Capital Paid in (Proprietorship or Partnership)		_____
Net Income (From Page 3)		_____
Less: Stock Retired;		
Preferred	$_____	
Common	_____	_____
Dividends Paid		_____
Drawings by Individual or Partner		
_____ (Name)		_____
_____ (Name)		_____
Total Net Worth—End of Period		$_____

SCHEDULE 1
DEPOSITS IN BANKS AND TRUST COMPANIES

BANK OR TRUST COMPANY (BANK NAME, ACCOUNT NAME, LOCATION)	INTEREST RECEIVED DURING YEAR	BALANCE

SCHEDULE 2
TRUST ACCOUNT – REFUNDS

Balance in account December 31 last year	
Plus: Deposit made this year.	
Total	
Less: Checks paid this year	
Less: Outstanding checks on December 31 this year	
Less: Amounts 3 years old withdrawn	
Less: Other	
Total	
Balance December 31 this year	

SCHEDULE 3S

STOCKS

DESCRIPTION	NO. OF SHARES	PAR VALUE PER SHARE	BOOK VALUE	MARKET VALUE	ACTUAL COST	DIVIDENDS RECEIVED

SCHEDULE 3B

STOCKS

DESCRIPTION	RATE OF INTEREST	DATE OF MATURITY	BOOK VALUE	PAR VALUE	MARKET VALUE (EXCLUDING ACCRUED INT.)	ACTUAL COST (EXCLUDING ACCRUED INT.)

SCHEDULE 4
ACCOUNTS AND NOTES RECEIVABLE-OFFICERS AND DIRECTORS

LOANED TO	PRINCIPAL	INTEREST	COLLATERAL	DUE DATE

SCHEDULE 5
OTHER RECEIVABLES

LOANED TO	PRINCIPAL	INTEREST	COLLATERAL	DUE DATE

SCHEDULE 6
MORTGAGE LOANS ON REAL ESTATE

DATE	AMT. OF PRINCIPAL UNPAID	RATE OF INT.	VALUE OF LANDS	VALUE OF BUILDINGS	LOCATION AND DESCRIPTION OF PROPERTY

SCHEDULE 7
REAL ESTATE OWNED

WHEN ACQUIRED	LOCATION & DESCRIPTION OF LANDS	ACTUAL COST	BOOK VALUE	MARKET VALUE	INCUMBRANCE

SCHEDULE 8
SHORT-TERM LOANS DUE BANKS, PARENT COMPANY OR AFFILIATES

PAYABLE TO	PRINCIPAL	INTEREST RATE	COLLATERAL	LOAN DATE	DUE DATE

SCHEDULE 9
LONG-TERM BONDS. NOTES, DEBENTURES, ETC.

PAYABLE TO	PRINCIPAL	INT. RATE	COLLATERAL	LOAN DATE	DUE DATE	AMT. DUE EACH YEAR

ANALYSIS OF CONTRACTS AND OPERATIONS

PERSONAL LINES

	ADDENDUMS PROCESSED		CONTRACTS REVISED	
MONTH	NUMBER	AMOUNT	NUMBER	AMOUNT
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
YEAR'S TOTAL				

SCHEDULE 11

COLLATERAL ACCOUNTS (CUSTOMER ADVANCE PAYMENTS)

NAME	CONTRACT #	TOTAL COLLATERAL RECEIPTS DURING YEAR	TOTAL COLLATERAL 12/31/2005
TOTALS		**$**	**$** **(Page 5, Line 4d.)**