

COMMISSIONER OF SECURITIES & INSURANCE

OFFICE OF THE MONTANA
STATE AUDITOR



TO: Premium Finance Company

FROM: Examinations Bureau

SUBJECT: Annual Renewal of Premium Finance Company License

In accordance with Mont. Code Ann. § 33-14-201, annual renewal fees for premium finance companies are due **annually** on **January 1**. Please submit the attached renewal form with \$100 payment, on or before that date. Your current Montana certificate of authority is a continuous license. You will not receive a new license upon renewal.

If you have any questions, please contact the Examinations Bureau at csi@mt.gov or (406) 444-2040.

**STATE OF MONTANA
COMMISSIONER OF SECURITIES AND INSURANCE
840 Helena Avenue, Helena, MT 59601**

RENEWAL OF PREMIUM FINANCE COMPANY LICENSE

To the **COMMISSIONER OF SECURITIES AND INSURANCE FOR THE STATE OF MONTANA:**

The undersigned hereby renews its certificate of authority to act as a premium finance company pursuant to Title 33, Chapter 14 of the Montana Code Annotated:

(Name of Premium Finance Company)

(Mailing Address)

(City, State, Zip Code)

(Phone)

(F.E.I.N.)

(Contact Person)

(Direct Phone Number)

(Email Address)

Check number _____, in the amount of \$100, is attached in payment of the renewal fee.

If any of the company information above has changed during the last year, please check here _____.

The undersigned officer understands that the company's Montana certificate of authority is conditioned upon the holder being in full compliance with all Montana laws and lawful requirements.

(Signature of Officer)

(Date)

(Printed Name of Officer)

(Title of Officer)