



Douglas A. Ducey, Governor
Evan G. Daniels, Director

Corporate Financial Statement

CONTINGENT LIABILITIES (not already included)

On Acceptance, Contracts or Notes Discounted or Sold _____

As Guarantor or Endorser for _____

For Merchandise Consigned by Suppliers _____

Otherwise (describe) _____

Are any book accounts sold or assigned Yes No

To whom? _____

With Recourse? Yes No

COMMITMENTS:

Approximate Purchase Commitments _____

Approximate Unfilled Orders on Hand _____

Describe any other unusual commitments _____

Has a full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes No

Are any assets pledged or any debts secured except as indicated? If so, please itemize by debt and security below. Yes No

Are there any judgments, suits, or any claims for tax deficiencies now pending or in project against the corporation? Explain: Yes No

OPERATING RECORD FROM _____(date) TO _____(date)



FINANCIAL INSTITUTIONS DIVISION
Arizona Department of Insurance and Financial Institutions
 100 North 15th Avenue, Suite 261, Phoenix, AZ 85007-2630
 Phone: (602) 771-2800 | Web: <https://difi.az.gov>

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If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period	_____
Cost of Goods Sold	_____
Gross Profit	_____
Selling Expense	_____
Administrative Expense	_____
General Expense	_____
Total Operating Expense	_____
Operating Profit	_____
Other Income	_____
Total Income	_____
Other Deductions	_____
Federal & State Income Tax	_____
Total Deductions	_____
Net Profit	_____
Total Depreciation and Amortization included in the above statement	_____
Deductions for Bad Accounts included in above statement	_____
Salaries to Executive Officers included in above statement	_____

Reconciliation of Surplus:		
Surplus at beginning of period	_____	
Net Profit	_____	
* Surplus Credits	_____	
Total	_____	
Dividends Paid	_____	
* Surplus Debits	_____	
Surplus as of this statement date	_____	
* If Surplus Adjustments involve important transactions, please give details below:		
Please enter your approximate sales by months during the past fiscal period:		
JAN _____	FEB _____	MAR _____
APR _____	MAY _____	JUN _____
JUL _____	AUG _____	SEPT _____
OCT _____	NOV _____	DEC _____

Complete the following (include the supporting schedules)

OTHER BANKS USED:	Do you borrow there?	Maximum Debt Past Year
Bank Name _____ City _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amt. _____
Bank Name _____ City _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amt. _____
Bank Name _____ City _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amt. _____

RENTAL:
 Does company rent? Yes No Present monthly rental paid _____ Date of expiration of lease _____



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CORPORATE INFORMATION:

Under laws of what state are you incorporated? _____ Are all franchise taxes current? Yes No
 Are you authorized to do business in Arizona? Yes No Have all other legal requirements been met? Yes No
 No. of authorized common shares _____ Outstanding _____ Par Value \$ _____ Year
 last dividend paid _____ Annual rate if established % _____ No. of authorized pfd. shares _____ Outstanding _____
 _____ Par value \$ _____ Dividend Preference \$ _____
 Cumulative? Yes No Dividend paid to _____
 Please list any trade styles used by the corporation _____

SCHEDULE 1 – INSURANCE

FIRE INSURANCE:

On Merchandise _____
 On Machinery Equipment and Fixtures _____
 On Buildings _____

LIABILITY INSURANCE:

Public Liability on Owned Autos _____
 Property Damage on Owned Autos _____
 P.L. and P.D. on Non-owned Autos _____
 Building & Elevator Pub. Liab. _____

Check all that are applicable to the coverage the corporation carries:

Explosion Ins. Steam Boiler Auto Fire, Theft Business Interruption Products Liability
 Riot and Strike Auto Collision Workmen's Comp Robbery or Burglary Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? Yes No
 Do any policies contain a coinsurance clause? Yes No
 Is any insurance on a monthly reporting basis? Yes No
 Are employees having custody or control of property adequately bonded? Yes No
 Basis %

Insurance on Lives of Officers, Directors or Other Executives naming the Corporation as beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____



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SCHEDULE 2 – OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS					
Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 – SECURITIES OWNED – Please attach separate schedule if needed.							
Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		Yearly Dividend
			@	Amount	@	Amount	



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SCHEDULE 4 – REAL ESTATE AND BUILDINGS – Please give details of encumbrances on Schedule 5 opposite proper parcel number.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____
 Are taxes delinquent on any of your properties? Yes No
 If so, please give amount and details _____

SCHEDULE 5 – REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amt. owing per Sched 4	Nature of Encumbrance and To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal interest are delinquent, please give details _____
 Has foreclosure been instituted? Yes No
 If yes, please give details _____

SCHEDULE 6 – INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Owed to Corp.	Owed by Corp.

SCHEDULE 7 – PRINCIPAL SUPPLIERS – List concerns from which you buy large quantities and approximate amount due and due date

Name and City	Amount Owed	Name and City	Amount Owed
_____	\$ _____	_____	\$ -
_____	\$ _____	_____	\$ -
_____	\$ _____	_____	\$ -



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GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement.

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief.

_____ Date

_____ Signature

_____ Telephone

_____ FAX