

STATEMENT OF FINANCIAL CONDITION OF: (APPLICANT) _____

Attach annual report, audited financial report, or report prepared for other regulatory agencies

Financial Statement: (Required by the Michigan Department of Consumer & Industry Services)

Please provide a copy of your most current balance sheet or have your bookkeeper complete and sign the form below. Information stated below is confidential and will be viewed only by the fund administrator and Bureau.

Current Year: _____

STATEMENT OF ASSETS & LIABILITIES

Assets:

Current Assets		
Cash on Hand in Banks	\$	
Stocks & Bonds		
Notes & Accounts Receivable		
Inventories		
Other Current Assets		
Total Current Assets		\$

Other Assets		
Properties, Building & Equipment	\$	
Good Will		
Other		
Total Other Assets	\$	
Total Assets		\$

Liabilities:

Current Liabilities		
Accrued Payroll	\$	
Trade Accounts Payable		
Notes Payable, short-term		
Taxes Payable		
Total Current Liabilities		\$

Other Liabilities		
Notes Payable, long-term	\$	
Mortgages Payable		
Bonds Payable		
Total Other Liabilities	\$	
Total Liabilities		\$

Capital

Capital Stock	\$	
Paid in Surplus		
Retained Earnings		
Total Capital	\$	
Total Capital & Liabilities		\$

Signature _____

Mailing Address (Street No. and Name) _____

City, State ZIP Code _____

Phone #

()