

FINANCIAL STATEMENT

NAME _____
 (APPLICANT, OFFICER, DIRECTOR, STOCKHOLDER OR INDIVIDUAL, AS APPLICABLE)

ADDRESS _____

To: THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES (DFS)

The undersigned make(s) the following statement of all (my)(our)(its) assets and liabilities at the close of business of the _____ day of _____, _____.

PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY.

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ASSETS

LIABILITIES AND NET WORTH

Cash on Hand and in Banks (Sch 1)		Notes Payable Banks (Sch 1)	
Finance Agreements		Notes Payable Others (Sch 4)	
Finance Agreements - Pledged		Due to Principals (Sch 4)	
Notes Receivable		Notes Rec., Discounted (Contra)	
Notes Rec., Discounted (Contra)		Accounts Payable	
Accts and Loans Receivable		Accrued Expenses Payable	
Cash		Accrued Interest Payable	
Securities (Sch 2)		Accrued Taxes and Asses Pay.	
Due from Part, Stkhrs, Off, Empl.		Brokers Margin Account Pay	
Inv. And Adv. - Affil. Or Subsid. Co.		Mortgages Payable (Sch 3)	
Mortgages Owned		Unearned Income	
Real Estate (Sch 3)		Valuation Reserve - Bad Debts	
Furn, Fix, and Equip (Net of Depr)		Valuation Reserve - Contingencies	
Other Assets (Itemize)		Other Liabilities (Itemize)	

		Total Liabilities	
		Preferred Stock	
		Common Stock	
		Surplus	
		Net Worth (Indiv. Or Part.)	
Total Assets		Total Liabilities and Net Worth	

SUPPLEMENTARY SCHEDULES

Sch. 1. Banking Relations (A list of all bank accounts, including savings)

Name and Address of Bank	Balance	Loans, if any	Endorsed, Guaranteed or Secured

Sch. 2. Securities Owned (Stocks, Bonds, etc., but not mortgages)

Par Val. or Shs.	Description	Cost	Pres. Mkt. Val.	To Whom Pledged

Sch.3. Real Estate Owned - Mortgage Payable

Location and Description	Cost	Asses. Val.	Est.Val.	Mortgage Balance	Maturity

Sch.4. Notes Payable - Due to Principals (Partners, Stockholders, Officers and Others)

Due To	Amount	Due Date	Due To	Amount	Due Date

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CONTINGENT LIABILITY. The undersigned has (have) no contingent liabilities as endorser, guarantor, or otherwise, except the following: (Give details.)

SUITS, JUDGMENTS AND OTHER LEGAL ACTIONS. There are no suits, judgments, or other legal actions outstanding or pending against the undersigned and to the best of the undersigned knowledge no legal actions are to be started against the undersigned, except as follows: (Give details.)

PLEDGE ASSIGNMENT, AND TRANSFER OF TITLE OR ASSETS. As of the date of the statement of assets and liabilities, included in this financial statement, the undersigned has (have) not pledged, assigned, hypothecated, or transferred the title of any of the assets as listed above, except as noted in the various schedules of this financial statement; and the undersigned has (have) not pledged, assigned, hypothecated, or transferred the title of any such assets, except as follows: (Give details.)

INSURANCE COVERAGE. - Fidelity Bond: Partners, Officers, Employees \$ _____ ;
 Indemnity Coverage: Robbery and Holdup \$ _____ ; Burglary \$ _____ ;
 Misplacement \$ _____ ; Forgery \$ _____ ; Errors and Omissions \$ _____ ;
 Public Liability \$ _____ ; Fire Insurance: Furn., Fix., and Equip. \$ _____
 Other Insurance (describe): _____

ACCOUNTING DATA. - If books are kept or audited please give name of accountant _____ ;
 Indicate if Certified Public Accountant _____ ; Frequency of Audits _____ ;
 Date of Last Audit _____ ; Date of Fiscal Year-End _____ ; Did the accountant prepare
 the financial statement submitted herewith? _____ Are the figures shown the same as the auditor's
 figures? _____ If not, how do the figures differ (give details): _____

The undersigned has (have) carefully read the foregoing statements, and all printed and written matter therein,
 and hereby certifies that all the statements are known to me (us) to be true and give a correct showing of the
 undersigned financial conditions, and that the undersigned has (have) no liabilities, direct, or contingent, business
 or accommodation, except as set forth in said complete statement, and that the legal and equitable title to all
 assets therein set forth is in the name of the undersigned solely, except as otherwise noted therein.

Signed this _____ day of _____, 20__ . _____
 Name of Individual or Partnership

Note: Where there is no written partnership agreement all the partners should sign. By: _____

By: _____ By: _____

By: _____ By: _____

 Name of Corporation
 By: _____

Sworn to before me this _____ day of _____, 20__ .

 Notary Public

THIS FORM MAY BE REPRODUCED