

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



**PRE-LICENSING EDUCATION FINANCIAL
 INTEREST STATEMENT**

Provider Name		Provider ID Number	
Address (street)		Telephone Number ()	
City	State	Zip Code	Established Date

1. Do you, as the Authorized Provider Official, own any interest in the school for which you are seeking approval? Yes No

A) If yes, percentage owned _____.

2. Is the pre-licensing school a corporation? Yes No

A) If yes, complete the following:

a) Total number of shares authorized

b) Classes of shares authorized (specify voting or nonvoting)

c) Number of shares outstanding (issued by class)

d) Number of nonvoting shares outstanding (issued by class)

NOTE: "outstanding" means issued or owned by someone

B) If yes, has the corporation or any of its officers, directors, shareholders or employees ever been refused a license, or had a license suspended or revoked by this or any other insurance department, or voluntarily surrendered an insurance license in lieu of suspension or revocation? Yes No

3. Is the pre-licensing school a partnership? Yes No

A) If yes, has the partnership or any of its partners or employees ever been refused a license, or had a license suspended or revoked by this or any other insurance department, or voluntarily surrendered an insurance license in lieu of suspension or revocation? Yes No

4. Does the school agree that any change in the partners of a licensed partnership, or any change in the officers, directors or shareholders of a licensed corporation, or any change in the school's principal purpose or intention to provide pre-licensing education to the agent applicants of the State of Ohio, shall be filed with the Department of Insurance within 15 days of such change? Yes No

List below the person(s) who have a financial interest in the school. (If additional space is needed, please attach a separate sheet.)

Name		SSN
Address		Telephone Number ()
Title/Position with the school	Total number & type of shares held	

Name		SSN
Address		Telephone Number ()
Title/Position with the school	Total number & type of shares held	

WE DO SOLEMNLY SWEAR UNDER PENALTY OF PERJURY THAT WE HAVE COMPLETED THIS APPLICATION AND THE STATEMENTS AND EXHIBITS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, AND THAT WE ARE PROPERLY AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE SAID PRE-LICENSING EDUCATION PROGRAM.

Authorized Provider Official

Date

Authorized Provider Personnel

Date

Authorized Provider Personnel

Date

Signature (affiliation with school)

Date

Signature (affiliation with school)

Date

(Anyone with a financial interest in this pre-licensing school must sign.)