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TEXAS OFFICE OF CONSUMER  
CREDIT COMMISSIONER

# Supporting Financial Information

## Schedules 1 - 3

To be submitted with "Financial Statement (ADM17)"

*If additional space is needed, attach a document identifying all required information noted below.*

First Name

Middle Name (Full)

Last Name

As of Date:

*Must match "As of" date on ADM17*

Entity Name or Name of Owner/Sole Proprietor  
(as identified in Application for License)

### Sched. 1: Cash on Deposit

Exact Name & Mailing Address of Bank or Other Depository	Account Name Account No.	Account Type	Amount	Any Restrictions on Withdrawal

### Sched. 2: Accounts, Loans, & Notes Receivable

Description	Principal Amount	Security	Term	Acquisition Date	Rate of Fin. Charge	Delinquency Rate

**Sched. 3: Life Insurance**

Name of Insured	_____	Policy Type	_____
Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
			Policy Assigned? <input type="checkbox"/> Yes
			<input type="checkbox"/> No

Name of Insured	_____	Policy Type	_____
Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
			Policy Assigned? <input type="checkbox"/> Yes
			<input type="checkbox"/> No

Name of Insured	_____	Policy Type	_____
Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
			Policy Assigned? <input type="checkbox"/> Yes
			<input type="checkbox"/> No

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Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
			Policy Assigned? <input type="checkbox"/> Yes
			<input type="checkbox"/> No

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Name of Beneficiary	_____	Face Amount	_____
Name of Insurance Co.	_____	Cash Surrender Value	_____
No. of Loans Against This Policy	_____	Amt of Yearly Premium	_____
			Policy Assigned? <input type="checkbox"/> Yes
			<input type="checkbox"/> No

The Office of Consumer Credit Commissioner obtains information from this form and certain third-party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7622 or public.information@occc.texas.gov.