

Exhibit C

[Premium Financing Agreements]



A division of MetaBank®

COMMERCIAL
 ADDITIONAL PREMIUM

AFS/IBEX A division of
MetaBank®

PO Box 224528
Dallas, TX 75222-4528
Tel: (800) 299-5626
Fax (214) 954-0537

AGENT'S NAME AND ADDRESS CODE: T07646
NSM Insurance Brokers
555 North Lane, Suite 6060
Conshohocken, PA 19428
(610) 808-9554

Acct #

BORROWER'S NAME AND ADDRESS
Wordsworth Academy
3905 Ford Road
Philadelphia, PA 19131
(215) 643-5400

A. Total Premiums	B. Down Payment	Unpaid Principal Balance	C. Document Stamp Tax	D. Amount Financed (A - B + C)	E. Finance Charge	F. TOTAL OF PAYMENTS (D + E)	ANNUAL PERCENTAGE RATE
\$ 844,876.50	\$ 212,038.12	\$ 632,838.38	\$ 0.00	\$ 632,838.38	\$ 8,706.82	\$ 641,545.20	3.290 %
Payment Schedule		NUMBER OF PAYMENTS		AMOUNT OF EACH PAYMENT		FIRST PAYMENT DUE	
		9		\$ 71,282.80		5/14/2017 (Monthly)	

Quote Number: 1722586

Date Generated: 4/7/2017 3:42:33 PM

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	NAME OF THE INSURANCE COMPANY AND NAME/ADDRESS OF GENERAL OR POLICY ISSUING AGENT	TYPE OF COVERAGE	POLICY TERM	PREMIUM	
TBI	4/14/2017	C05344-Scottsdale Insurance Company G05586-Negley Associates Inc [ME:25.000 %, CX:10] [AU, 90%PR]	GL	12	290,100.00	
			Ernd. Taxes/Fees		492.00	
			Fin. Taxes/Fees		8,723.00	
TBI	4/14/2017	C05344-Scottsdale Insurance Company G05586-Negley Associates Inc [ME:25.000 %, CX:10] [AU, 90%PR]	GL	12	80,208.00	
			Ernd. Taxes/Fees		300.00	
			Fin. Taxes/Fees		2,426.24	
(POLICIES CONTINUED ON NEXT PAGE.)						
100% OF ALL FEES AND TAXES MUST BE INCLUDED		TOTAL PREMIUMS must agree with Block "A" above			TOTAL	\$ 844,876.50

224,117.25,61,975.68,346,746.44

Security Agreement

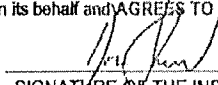
- DEFINITIONS:** The above insured ("Borrower" or "Insured") is the debtor. AFS/IBEX A division of MetaBank® is the lender to whom the debt is owed (LENDER). Singular words shall mean plural and vice versa as may be required in order to give the agreement meaning "insurance company or company", "insurance policy or policy", and "premium" refer to those items listed under "Schedule of Policies".
- PROMISE TO PAY:** Borrower promises to pay LENDER the total amount in Block "F" above until paid in full. This total equals the amount financed together with interest at the rate identified above computed in accordance with the Rule of 78's. The monthly payment amount reflected above will be due on the same day each month. Payments include principal and interest. Insured will pay LENDER at its address above, or such other place LENDER may designate in writing.
- SECURITY INTEREST:** Borrower hereby grants LENDER a security interest in all insurance policies listed herein and all unearned premium, returned premium, dividend payments, and loss payments which reduce the unearned premiums thereof ("Collateral"). Borrower assigns to LENDER as security for the total amount payable in this Agreement any of the above which may become payable under the insurance policies, subject to any mortgagee or loss payee interests. Borrower agrees to take whatever actions are requested by LENDER to perfect and continue LENDER'S security interest in the Collateral.
- LATE CHARGE:** For any installment payment received more than five (5) days (or such greater number of days required by applicable law) after the due date, Borrower agrees to pay a late charge of up to 5% of such installment.

The undersigned warrants and agrees:

NOTICE TO INSURED: (1) DO NOT SIGN this agreement until you have read all pages and filled in any blank spaces. (2) When signed below by you, or on your behalf, you (Borrower) acknowledge receipt of a copy this Agreement, attest to having full power and authority to enter into this Agreement and sign on behalf of all entities named above as Borrowers, and that you understand and agree to the provisions printed above and in the ADDITIONAL PROVISIONS section of this Agreement and that both the front and any subsequent pages constitute the Agreement between Borrower and Lender. (3) You understand that this is for commercial policies and the producer may be receiving compensation from the LENDER for the preparation and administration of this Agreement as further described below.

Borrower hereby requests LENDER to pay the financed portion of its insurance policy premiums listed above, on its behalf and AGREES TO THE PROVISIONS OF THIS AGREEMENT, INCLUDING THE PROVISIONS ABOVE AND THOSE THAT FOLLOW.

Date 04-11-17


SIGNATURE OF THE INSURED(S) OR DULY AUTHORIZED AGENT OF INSURED(S)

Q# 1722586 PRN:040717 CFG:Override MT L:101 DP%:25.000 RT:Negley default rates Spread (M)DD:0 BM:Invoice RF:\$0.00
Qtd For:G05586 NAPR:3.290 MEMOS

PRODUCER REPRESENTATIONS:

The undersigned warrants and agrees:

- Insured has received a copy of this agreement, (2) the policies are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) Insured has authorized this transaction, recognizes the security interest assigned herein, (4) to hold in trust for LENDER any payments made or credited to Insured through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of Insured and that any lien the undersigned now has or hereafter may require on any return premium arising out of the above listed insurance policies is subordinated to LENDER lien or security interest herein, (5) there are no exceptions to the policies financed other than those indicated and the policies comply with LENDER'S eligibility requirements, (6) the policies can be cancelled by Insured or the company and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (7) that if Insured is subject of bankruptcy or insolvency proceeding, it must be disclosed to the LENDER, (8) Included in the finance charge above is \$0.00 paid to the originator of this finance agreement if permitted by applicable law.

Date _____

SIGNATURE OF DULY AUTHORIZED AGENT OR BROKER OF INSURED(S)

Worth Academy
 # 1722586

SCHEDULE OF POLICIES (Continued)

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	NAME OF THE INSURANCE COMPANY AND NAME/ADDRESS OF GENERAL OR POLICY ISSUING AGENT	TYPE OF COVERAGE	POLICY TERM	PREMIUM
TBI	4/14/2017	C05344-Scottsdale Insurance Company G05586-Negley Associates Inc [ME:100.000 %, CX:10] [90%PR]	MISC Emd. Taxes/Fees Fin. Taxes/Fees	12	448,842.00 300.00 13,485.28

450 Skokie Blvd, Ste 1000

LENDER:

**COMMERCIAL
PREMIUM FINANCE AGREEMENT**

Northbrook, IL 60062-7917

P:(800) 837-2511 F:(800) 837-3709

www.firstinsurancefunding.com

Quote #: 10878379

FIRST INSURANCE*
FUNDING
A WINTRUST COMPANY

INSURED/BORROWER (Name and Address as shown on Policy) Wordsworth Academy Wordsworth CUA 5, LLC 3905 Ford Rd Philadelphia, PA 19131	Customer ID: N/A	AGENT or BROKER (Name and Business Address) NORMAN-SPENCER MCKERNAN INC. 555 NORTH LANE, STE 6060 CONSHOHOCKEN, PA 19428
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LOAN DISCLOSURE

Total Premiums, Taxes and Fees	Cash Down Payment	Unpaid Premium Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
961,341.06	240,335.26	721,005.80	0.00	721,005.80	15,104.20	736,110.00	5.000 %

YOUR PAYMENT SCHEDULE WILL BE: Mail Payments to: **FIRST Insurance Funding Corp., PO Box 7000, Carol Stream, IL 60197-7000**

Number of Payments	Amount of Each Payment	First Installment Due	05/14/2017
9	81,790.00	Installment Due Dates	14th (Monthly)

SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns LENDER a security interest in the financed policies and any additional premiums required under the financed policies, including (but only to the extent permitted by applicable law) all return premiums, dividend payments (not applicable in KY), and loss payments which reduce unearned premium, subject to any mortgagee or loss payee interest. If any circumstances exist in which premiums related to any financed policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the policies listed in the Schedule of Policies. The finance charge may include a nonrefundable service charge equal to the maximum amount permitted by law (\$10 in AK, DE, NY & PA; \$25 in NV; \$12 in NJ; \$15 in NC, RI & VA; \$16 in MA; \$20 in FL). The finance charge is computed using a 365-day calendar year.

LATE PAYMENT. A late charge will be assessed on any installment at least 5 days in default (7 days in VA; 10 days in MA & TX; or later date as required by law). This late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less (greater of \$10 or 5% in FL; greater of \$25 or 1.5% in NJ; \$5 maximum in DE, MT and ND; \$100 maximum in MD; 5% in VA).

PREPAYMENT. Insured is entitled to a refund of the unearned finance charge if the loan is prepaid in full. The refund shall be computed according to applicable law. In VA the refund shall be calculated using the short rate method. In CA the rebate is in compliance with Cal Fin Code § 18629.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
12070670	C00557-NATIONAL UNION FIRE INS CO PA [CX:0] [90%PR]	D&O	12	04/14/2017	44,425.00
				ERN TXS/FEES	0.00
				FIN TXS/FEES	0.00
V15536160301	C00197-BEAZLEY INSURANCE CO G00832-ARC EXCESS & SURPLUS [CX:0] [90%PR]	D&O	12	04/14/2017	23,500.00
				ERN TXS/FEES	0.00
				FIN TXS/FEES	0.00
TOTAL					961,341.06

(Policies continued on next page.)

Q# 10878379, PRN: 041317, CFG: 0Internal - No Restrictions, RF: NSM-30, DD: 0, BM: Invoice, Qtd For: G00070 Original, Memo 0

INSURED'S AGREEMENT:

1. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies, their representative or the Agent or Broker listed above Insured promises to pay, to the order of LENDER, the Total of Payments subject to all of the provisions of this Agreement.

2. **POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (i) cancel the financed policies in accordance with the provisions contained herein, (ii) receive all sums assigned to LENDER, and (iii) execute and deliver on behalf of Insured all documents relating to the insurance policies listed on the Schedule of Policies ("Financed Policies") in furtherance of this Agreement (clauses (ii) and (iii) are not applicable in Florida). This right to cancel will terminate only after Insured's indebtedness under this Agreement is paid in full.

3. **SIGNATURE & ACKNOWLEDGEMENT.** Insured has signed and received a copy of this Agreement. If Insured is not an individual, the undersigned is authorized to sign this Agreement on behalf of Insured. All named Insured(s), jointly and severally if more than one, agree to all provisions set forth in this Agreement. Insured acknowledge and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.

NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to receive a partial refund of the finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.

4. **EFFECTIVE DATE.** This Agreement will not become effective until it is accepted in writing by LENDER.

Signature of Insured or Authorized Agent
FEIN or SSN XX-XXX9031

Date

Signature of Agent

Date

The undersigned hereby warrants and agrees to the Agent or Broker Representations and Warranties set forth herein.

Insured: Wordsworth Academy

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

Quote #: 10878379

5. **DEFAULT/CANCELLATION.** Insured is in default under this Agreement if (a) a payment is not received by LENDER when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against Insured, or (c) Insured fails to comply with any of the terms of this Agreement; provided, however, when required by law, Insured may be deemed in default only under clause (a) above. Clauses (b) and (c) are not applicable in FL, MD, NV, NC or VA. At any time after default LENDER can demand and has the right to receive immediate payment of the total unpaid amount due under this Agreement even if LENDER has not received any refund of unearned premium. If Insured is in default, LENDER has no further obligation under this Agreement to pay premiums on Insured's behalf, and LENDER may pursue any of the remedies provided in this Agreement or by law. If a default by Insured results in cancellation of the Financed Policies, Insured agrees to pay a cancellation charge where allowed by law (not permitted in AK, FL, KS, KY, NV, NY, NC, PA, SC, TX or VA). If cancellation or default occurs, where permitted by law, Insured agrees to pay LENDER interest on the balance due at the contract rate or at the maximum lawful rate, whichever is less, until the balance is paid in full or until such other date as provided by law.

6. **LIMITATION OF LIABILITY.** Insured understands and agrees that LENDER or its assignee is not liable for any losses or damages to Insured or any person or entity upon the exercise of LENDER's right of cancellation, except in the event of willful or intentional misconduct by LENDER, except in KY.

7. **RETURNED CHECK CHARGE.** If Insured's check is dishonored for any reason and if permitted by law, Insured will pay LENDER a returned check charge equal to the maximum fee permitted by law (\$0 in KY; \$15 in FL & NV; \$20 in VA; maximum of \$25 in MD).

8. **REINSTATEMENT.** Once a Notice of Cancellation has been sent to any insurance company, LENDER has no duty to ask that the Financed Policy be reinstated, even if LENDER later receives a payment from Insured. If LENDER requests reinstatement, such request does not guarantee coverage will be reinstated by the insurance company. Payments that LENDER receives after sending a Notice of Cancellation may be applied to Insured's account without changing any of LENDER's rights under this Agreement.

9. **LENDER'S RIGHTS AFTER THE POLICIES ARE CANCELLED.** After any Financed Policy is cancelled by any party or if a credit is otherwise generated, LENDER has the right to receive all unearned premiums and other funds assigned to LENDER as security herein and to apply them to Insured's unpaid balance under this Agreement or any other agreement between Insured and LENDER (in VA, only to this Agreement). Receipt of unearned premiums does not constitute payment of installments to LENDER, in full or in part. Any amounts received by LENDER after cancellation will be credited to the balance due with any excess paid to Insured; the minimum refund is the greater of \$1.00 or the minimum amount allowed by law (no minimum in VA). Any deficiency shall be immediately paid by Insured to LENDER. Insured agrees that insurance companies may refer exclusively on LENDER's representations about the financed policies.

10. **ASSIGNMENT.** Insured may not assign any Financed Policy without LENDER's written consent. LENDER may transfer its rights under this Agreement without the consent of Insured.

11. **AGENT OR BROKER.** Insured agrees that the Agent or Broker issuing the policies or through whom the policies were issued is not the agent of LENDER, except for an action taken on behalf of LENDER with the express authority of LENDER, and LENDER is not bound by anything the Agent or Broker represents to Insured, orally or in writing that is not contained in this Agreement. Where permissible by law, LENDER may pay some portion of the finance charge or other form of compensation to the Agent or Broker executing this Agreement for aiding in the administration of this Agreement (not applicable in VA), and in NY the Agent or Broker may assess a fee to Insured for obtaining an servicing the Financed Policies pursuant to NY CLS Ins § 2119. Any questions regarding this payment should be directed to the Agent or Broker.

12. **COLLECTION COSTS.** Insured agrees to pay reasonable attorney fees, court costs, and other collection costs to LENDER to the extent permitted by law if this Agreement is referred to an attorney or collection agent who is not a salaried employee of LENDER to collect money that Insured owes (not permitted in KY or MD).

13. **GOVERNING LAW.** This Agreement is governed by and interpreted under the laws of the state where Insured resides, except for conflict of laws principles thereof. If any court finds any part of this Agreement to be invalid, such finding shall not affect the remaining provisions of this Agreement.

14. **WARRANTY OF ACCURACY.** Insured represents and warrants that to the best of its knowledge (i) the Financed Policies are in full force and effect and that Insured has not and will not assign any interest in the policies except for the interest of mortgagees and loss payees, (ii) that none of the Financed Policies are for personal, family or household purposes, (iii) the Cash Down Payment and any past due payments have been paid in full to the Agent or Broker in cash or other immediately available funds, (iv) all information provided herein or in connection with this Agreement is true, correct, complete and not misleading, (v) Insured is not insolvent nor presently involved in an insolvency proceeding, (vi) Insured has no indebtedness to the insurers issuing the Financed Policies, and (vii) there is no provision in the Financed Policies that would require LENDER to notify or obtain consent from any other party to effect cancellation of such policies.

15. **ADDITIONAL PREMIUMS.** Insured agrees to fully and timely comply with all audits and pay to the insurance company any additional amount due in connection with the Financed Policies. The Amount Financed shall be applied to the Financed Policies' premium amounts and Insured shall be responsible for any additional premiums or other sum: Insured, or Agent/Broker, may request that LENDER finance additional policies and/or additional premium during the term of this Agreement, and if LENDER agrees, the Agreement shall be deemed amended accordingly. Should LENDER assign an account number to further extensions of credit, then a) this Agreement and loan documents identified by the assigned account number(s) shall be deemed to comprise a single and indivisible loan transaction, b) Insured shall irrevocably appoint LENDER as its attorney in fact in connection with additional amount financed, c) default under any component of the transaction shall constitute a default under the entire transaction, and d) unearned premium relating to any component of the transaction may be collected and applied to the entire loan transaction balance.

16. **CORRECTIONS.** LENDER may insert the names of the insurance companies and policy numbers, if this information is not known at the time Insured signs this Agreement. LENDER is authorized to correct patent errors or omissions in this Agreement (not applicable in KY or VA).

17. **NON-WAIVER.** Not Applicable

18. **THIRD PARTY FEE.** Not Applicable

Federal law requires all financial institutions to obtain, verify and record information that identifies each person or entity that is granted a loan. LENDER will require this information as LENDER deems reasonably necessary for proper identification, such as your name, street address, FEIN, SSN or date of birth. LENDER will use this information only to process this Agreement and will not share this information with outside parties except to the extent necessary to complete this transaction.

AGENT OR BROKER REPRESENTATIONS AND WARRANTIES

Unless previously disclosed in writing to LENDER or specified in the Schedule of Policies, the Agent or Broker executing this Agreement expressly represents, warrants, and agrees as follows: (1) Insured has received a copy of this Agreement and has authorized this transaction, Insured's signature is genuine, and the cash down payment has been received from Insured, (2) the information contained in the Schedule of Policies including the premium amount is correct and accurately reflects the necessary coverage, (3) the policies listed in the Schedule of Policies (a) are in full force and effect, (b) are cancellable by Insured or LENDER (or its successors or assigns), (c) will generate unearned premiums which will be computed on the standard short rate or pro rata basis, and (d) do not contain any provisions which affect the standard short rate or pro rata premium computation, including but not limited to direct company bill, audit, reporting form, retrospective rating, or minimum or fully earned premium, (4) the Agent or Broker is either the insurer's authorized policy issuing agent or the broker placing the coverage directly with the insurer, except where the name of the Issuing Agent or General Agent is listed in the Schedule of Policies, (5) to the best of the Agent or Broker's knowledge, there are no bankruptcy, receivership, or insolvency proceeding affecting Insured, (6) Agent or Broker will hold harmless and indemnify LENDER and its successors and assigns against any loss or expense (including attorney's fee, court costs, and other costs) incurred by LENDER and resulting from Agent or Broker's violations of these Representations and Warranties or from Agent or Broker's error, omissions, or inaccuracies in preparing this Agreement, (7) Agent or Broker will (a) hold in trust for LENDER any payments made or credited to Insured through or to Agent or Broker by the insurance companies or LENDER, and (b) pay these monies and the unearned commissions to LENDER upon demand to satisfy the outstanding indebtedness under this Agreement, and (8) to fully and timely assist with all payroll audits.

SCHEDULE OF POLICIES

Insured: Wordsworth Academy
Quote #: 10878379

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
XM800902	C02707-MARKEL INSURANCE COMPANY G00832-ARC EXCESS & SURPLUS [CX:0] [90%PR]	D&O	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	10,000.00 0.00 0.00
123456	C02415-ALLIED WORLD INSURANCE CO G02613-PL RISK ADVISORS INC [CX:0] [90%PR]	CY LIAB	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	22,500.00 0.00 0.00
U716-85314	C01593-US SPECIALTY INSURANCE CO G00832-ARC EXCESS & SURPLUS [CX:0] [90%PR]	K&R	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	1,302.00 0.00 59.06
TBD	C00557-NATIONAL UNION FIRE INS CO PA [CX:0] [90%PR]	CGI	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	2,237.00 0.00 0.00
TBD	C02868-CM VANTAGE SPECIALTY INS CO G00216-SWETT & CRAWFORD [ME:25.000 %, CX:0] [90%PR]	UMB	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	175,000.00 0.00 5,270.00
TBD	C00185-LIBERTY SURPLUS INS CORP G00216-SWETT & CRAWFORD [ME:25.000 %, CX:0] [90%PR]	CUMBX	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	30,000.00 0.00 920.00
TBD	C00025-LANDMARK AMERICAN INS CO G02613-PL RISK ADVISORS INC [ME:25.000 %, CX:0] [90%PR]	CGLX	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	125,000.00 0.00 4,020.00
TBD	C02868-CM VANTAGE SPECIALTY INS CO G00216-SWETT & CRAWFORD [ME:25.000 %, CX:0] [90%PR]	CUMBX	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	125,000.00 0.00 3,770.00
TBD	C00748-CRUM & FORSTER INS CO G00216-SWETT & CRAWFORD [ME:25.000 %, CX:0] [90%PR]	CUMBX	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	40,000.00 0.00 1,370.00
TBD	C00025-LANDMARK AMERICAN INS CO G03344-NORMAN SPENCER AGENCY [ME:50.000 %, CX:0] [90%PR]	EXLB	12	04/14/2017 ERN TXS/FEES FIN TXS/FEES	346,968.00 0.00 0.00