Office of the
State Bank Commissioner

Kansas Supervised Loan Licensee
YTD Limited Report Upon Surrender

CONSUMER AND MORTGAGE LENDING DIVISION
700 SW Jackson Street, Suite 300
Topeka, KS 66603

DATE OF REPORT: _____

NOTICE: Pursuant to K.S.A. 16a-1-101 *et seq.,* all Supervised Loan Licensees are required to file an annual written report with the Office of the State Bank Commissioner (OSBC) on or before April 15th of each year. Upon surrender, the OSBC requires additional information as detailed in the form below.

I**NSTRUCTIONS AND DUE DATE:** Complete the following information and return this form upon completion via email to: licensing@osbckansas.org within 15 days from requesting surrender. **When used herein, the term "PERIOD" means year-to-date from JANUARY 1 through the DATE OF REPORT.**

Legal Name of Licensee:			**License Number:** SL._____
Street Address:	**City:**	**State:**	**Zip Code:**

I. KANSAS CONSUMER CREDIT BUSINESS

CREDIT ORIGINATIONS (Non-Real Estate)

1	Enter below the number (#) and amount ($) of all Kansas consumer loans*, consumer credit sales, and consumer lease contracts made or taken by assignment during the YTD PERIOD. **** Consumer loans which exceed 36% original APR should be reported in Section II – Kansas High-Rate Lending.***	Number of Contracts (#)	Dollar Volume ($)
1a	Enter Non-Real Estate Loans, Closed-End:		
1b	Enter Non-Real Estate Loans, Open-End:		
1c	Enter Credit Sales, Closed-End:		
1d	Enter Credit Sales, Open-End:		
1e	Enter Lease Contracts:		
1f	Enter Other Credit Agreements:		
Describe Other Credit Agreements listed in **1f**:			

CREDIT SERVICING (Non-Real Estate)

		Number of Contracts (#)	Dollar Volume ($)
2	Enter below the number (#) and amount ($) of all Kansas non-real estate consumer loans*, consumer credit sales, and consumer lease contracts DIRECTLY OR INDIRECTLY SERVICED at the end of the YTD PERIOD. *(These are "point-in-time" figures, meant to reflect the size of the servicing portfolio and/or ownership rights for Kansas non-real estate loans.* **** Consumer loans which exceed 36% original APR should be reported in Section II – Kansas High-Rate Lending.***		
2a	Enter All Non-Real Estate Loans Outstanding:		
2b	Enter All Credit Sales Outstanding:		
2c	Enter All Leases Outstanding on:		
2d	Enter Contracts SERVICED FOR OTHERS:		

If data was entered in **2d** above, list all account owners below. Attach a separate list if necessary.

Servicer/Owner Name:	**Address:**
Servicer/Owner Name:	**Address:**

2e	Enter Contracts SERVICED BY OTHERS:		

If data was entered in **2e** above, list all servicers below. Attach a separate list if necessary.

Servicer Name:	**Address:**
Servicer Name:	**Address:**

II. KANSAS HIGH-RATE LENDING

ORIGINATIONS (High-Rate)

		Number of Contracts (#)	Dollar Volume ($)
3	Enter below the number (#) and amount ($) of all Kansas PAYDAY LOANS* and VEHICLE TITLE LOANS* made during the YTD PERIOD. *(PAYDAY LOANS are made pursuant to K.S.A. 16a-2-404 et seq.)* **** Report loans which exceed 36% original APR.***		
3a	Enter PAYDAY Loans made:		
3b	Enter VEHICLE TITLE Loans made:		
4	Enter below the number (#) and amount ($) of all Kansas OTHER HIGH-RATE LOANS* made during the YTD PERIOD. *(OTHER HIGH-RATE LOANS do not include loans reported in **3a or 3b** above.)* **** Report loans which exceed 36% original APR.***		
4a	Enter OTHER HIGH-RATE Loans made:		

SERVICING (High-Rate)				
5	Enter below the number (#) and amount ($) of all Kansas Payday loans*, vehicle title loans*, and other high-rate loans* SERVICED OR OUTSTANDING at the end of the YTD PERIOD. **** Report loans which exceed 36% original APR.***		Number of Contracts (#)	Dollar Volume ($)
5a	Enter PAYDAY Loans outstanding:			
5b	Enter VEHICLE TITLE Loans outstanding:			
5c	Enter OTHER HIGH-RATE Loans outstanding on:			

III. TOTAL COMPANY ASSETS		Dollar Amount ($)
6	Enter the dollar amount ($) of the company's TOTAL ASSETS as of last fiscal year-end:	

ATTESTATION AND SIGNATURE

The following section should be completed by an Authorized Executive Officer of the Supervised Loan Licensee.

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge and belief. Further, I understand that filing with the administrator any document or statement containing any false representation, inaccuracy, or omission may cause the Supervised Loan License to be denied, suspended, or revoked in accordance with K.S.A. 16a-1-101 et seq.

Print Name of Authorized Officer:	**Signature of Officer:**	**Date:**
Name of Person Completing this Form:	**Email Address:**	**Phone Number:**